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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001725305	LEMA HOLPINGS LUC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541611	management/consultant				
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zıp	
30 Victoria St.		Pravidence	RI	6 2909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Justin Lema		Consultant			
Street Address 36 Victoria St.		city Prourdence	State RI	2ip 02909	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Date 01/16/d5					
Justin Lema		ا ما القراهي			
Signature of Authorized Person					
Austin Joma					
(/					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 4:11

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