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State of Rhode Island
Department of State - Business Services Division

FILED
JAN 21 2025
CY 1570

Annual Report for the year: 2025
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation		
71231	LEL CORPORATION		
3. Principal Office Address	City	State	Zip
125 BEACH ROAD	BRISTOL	RI	02809
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
531390	OWN AND OPERATE RENTAL PROPERTIES		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	JANET EMOND		Vice-President Name	JOYCE LINCOLN	
Street Address	125 BEACH ROAD		Street Address	6315 HIGHCROFT DRIVE	
City	BRISTOL	State RI Zip 02809	City	NAPLES	State FL Zip 34119
Secretary Name	HEATHER EVE LUIZ		Treasurer Name	HEATHER EVE LUIZ	
Street Address	158 POPPASQUASH RD		Street Address	58 POPPASQUASH RD	
City	BRISTOL	State RI Zip 02809	City	BRISTOL	State RI Zip 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	JANET EMOND		Director Name	HEATHER EVE LUIZ	
Street Address	125 BEACH ROAD		Street Address	58 POPPASQUASH RD	
City	BRISTOL	State RI Zip 02809	City	BRISTOL	State RI Zip 02809
Director Name	JOYCE LINCOLN		Director Name		
Street Address	6315 HIGHCROFT DRIVE		Street Address		
City	NAPLES	State FL Zip 34119	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
3000	COMMON	NO PAR

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
JANET EMOND	01/10/2025

Signature of Authorized Representative

Janet Emond

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023