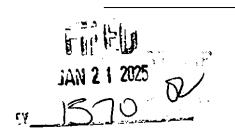


## State of Rhode Island

## Department of State - Business Services Division

> €2> Debarmient of 2	rare - Dazille22 Sel Alce2 DiAI2IOII
Annual Report for the year:	2025
Corporation .	
→ Filing period: February 1 → Filing Fee: \$50.00	- May 1



→ Penalty: Additional \$25.00 fe	ee if form is no	t filed by May 31.							
1. Entity ID Number 71231	2. Exact name of the Corporation LEL CORPORATION								
Principal Office Address     125 BEACH ROAD			City BRIST	STOL			Z <sub>IP</sub> 02809		
4. NAICS Code 531390 5. State of Incorporation RHODE ISLAND	6. Brief description of the character of business conducted in Rhode Island OWN AND OPERATE RENTAL PROPERTIES								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name JANET EMOND			Vice-Presi	Vice-President Name JOYCE LINCOLN					
Street Address 125 BEACH ROAD			Street Add	Street Address 6315 HIGHCROFT DRIVE					
<sup>City</sup> BRISTOL	State RI	<sup>Zip</sup> 02809	City NAPLES		State	FL	Z <sub>IP</sub> 34119		
Secretary Name HEATHER EVE LUIZ			Treasurer	Treasurer Name HEATHER EVE LUIZ					
Street Address 158 POPPASQUASH RD			Street Adcress 58 POPPASQUASH RD						
City BRISTOL	State RI	<sup>Zip</sup> 02809	City BR	ISTOL	State	RI	<sup>Ζω</sup> 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 Add	Street Address 58 POPPASQUASH RD					
<sup>City</sup> BRISTOL	State RI	<sup>Zip</sup> 02809	City BRISTOL		State RI		<sup>7</sup> /02809		
Director Name JOYCE LINCOLN			Director Name						
Street Address 6315 HIGHCROFT DRIVE			Street Address						
<sup>City</sup> NAPLES	State FL	<sup>Zip</sup> 34119	City		State		Zıp		
9. Shares Authorized 10. Shares Issu		ed Check the box to indicate an attachment							
This information is currently of record in the Department of State.		3000	SHARES	COMMON	CLASS/SERIES		NO PAR VALUE		
Changes require an additional filing.									
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-									
ceiver 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 Representa									

MAIL TO:

Division of Business Services

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

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