



State of Rhode Island
Department of State - Business Services Division

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.

JAN 21 2025

1570

1. Entity ID Number 71231		2. Exact name of the Corporation LEL CORPORATION			
3. Principal Office Address 125 BEACH ROAD		City BRISTOL		State RI	Zip 02809
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
		NUMBER OF SHARES 3000	CLASS/SERIES COMMON	PAR VALUE 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 JANET EMOND				Date 01/10/2025	
Signature of Authorized Representative 					

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