

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.



1. Entity ID Number	2. Exact name of the Limited Liability Company		
272559	leuples construction LLC		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island		
236/18			,
5. State of Formation	/ _	ral Con	1 and tell
ΩF	6 Cre	m Con	Nº E, I
6. Principal Office Address		City	State Zip
42	GN 5 VCN4	City of out	19 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Contact Title			
len Moeny		OWNER	
Street Address 42 105 Venor 9VC		City Part	State Zip 02860
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 / /
Lev 1 v	1 noeni	\checkmark	3/3/25
Signature of Authorized Person		,	
			

FILED

MAR 0 3 2025

BY STUSS

MAIL TO:

Division of Business Services

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