



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 001742497

**2. Name of Corporation** LEBGP Corp.

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624229

**4. Principal Office Address**

No. and Street: 150 FRANKLIN ST

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE PURPOSE OR PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE: TO PROVIDE DECENT AND AFFORDABLE HOUSING, EITHER THROUGH RENTAL, HOME OWNERSHIP, HOME REPAIR PROGRAMS OR OTHER MEANS, TO LOW AND MODERATE INCOME FAMILIES AND INDIVIDUALS IN THE EAST BAY AND SURROUNDING AREAS OF RHODE ISLAND; TO PLAN, CONSTRUCT, ERECT, MAINTAIN, REPAIR, MANAGE, OWN, LEASE, PURCHASE, SELL, MORTGAGE, ENCUMBER, EXCHANGE, OR DISPOSE OF ANY REAL ESTATE OR INTEREST IN REAL ESTATE; AND TO LEND MONEY, USE ITS CREDIT, MAKE GUARANTEES OR

AGREEMENTS AND INCUR LIABILITIES IN FURTHERANCE OF ITS PURPOSES.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	DREW P. KAPLAN	ONE PARK ROW, SUITE 300 PROVIDENCE, RI 02903 USA
SECRETARY	DIANE MEDEROS	6 JESSICA DRIVE BRISTOL, RI 02809 USA
PRESIDENT	BETTE WALPOLE	30 BAY VIEW AVE BRISTOL, RI 02809 USA
VICE PRESIDENT	JOSEPH FARMER	1 RIVERVIEW AVE BRISTOL, RI 02809 USA
TREASURER	DIANE MEDEROS	6 JESSICA DRIVE BRISTOL, RI 02809 USA
DIRECTOR	BETTE WALPOLE	30 BAY VIEW AVENUE BRISTOL, RI 02809 USA
DIRECTOR	JOSEPH FARMER	1 RIVERVIEW AVENUE BRISTOL, RI 02809 USA
DIRECTOR	DIANE MEDEROS	6 JESSICA DRIVE BRISTOL, RI 02809 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHACE RUTTENBERG & FREEDMAN, LLP ONE PARK ROW, SUITE 300 PROVIDENCE , RI 02903

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 21 Day of March, 2025 at 3:18:41 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DREW P. KAPLAN  
Signature of Authorized Person

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