

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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EC'D RIDOS 850 	<u> </u>	

1. Entity ID Number	2. Exact name of the Limited Liability Company LEONE CHAPEL SWEETS LLC						
5. State of Formation	4. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTY .						
6. Principal Office Address		City	State	Zip			
PO BOX 129		BLOCK ISLAND	RI	02807			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name JOHN LEONE		Contact Title MEMBER					
Street Address PO BOX 129		City BLOCK ISLAND	State RI	^{Zip} 02807			
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				
JOHN LEONE			03/24/25				
Signature of Authorized Person							

MAIL TO:

Division of Business Services

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

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

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