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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 202
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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company LEONE CHAPEL SWEETS LLC				
3. NAICS Code 5. State of Formation RI	4. Brief description of the character RENTAL PROPERTY	ter of business conducted in Rho	ode Island		
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					
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 Rt 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 JOHN LEONE		Date 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 FILED