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**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.

1. Entity ID Number <b>001776022</b>		2. Exact name of the Corporation <b>LEIGH LOGISTICS, CO.</b>			
3. Principal Office Address <b>21 Regal Way</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>484110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Trucking</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <b>Billie Hemond</b>			Vice-President Name		
Street Address <b>21 Regal Way</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Secretary Name <b>Billie Hemond</b>			Treasurer Name <b>Billie Hemond</b>		
Street Address <b>21 Regal Way</b>			Street Address <b>21 Regal Way</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1000</b>	<b>common</b>	<b>no par</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Billie Hemond</b>					Date <b>4-3-25</b>
Signature of Authorized Representative 					

**FILED**

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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FORM 630- Revised: 12/2023

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