	REC'!		
State of Rhode Island	N 70		
Department of State - Business Services Division	⊕ 1000 1000		
Annual Report for the year: 2025 Limited Liability Company → Filing period: February 1 - May 1	81:90:01) 038-50		
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.	 -		

1. Entity ID Number	3 Frank				
1. Entity ID Number	2. Exact name of the Limited Lia	ability Company			
001750236	Lep And B	LLC			
3. NAICS Code	4. Brief description of the charac	cter of business conducted in Rh	ode Island	<u>-</u>	_
485000					
5. State of Formation	Transpotation and other				
AI	Mansportation	on And ovne	۲		
6. Principal Office Address		City	State	Zip	_
114 hanover str		Providence	RI	62907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	•	Contact Title		 -	_
Betty Preme Co	mal	Owner			
Street Address	1	City	State	Zip	_
114 hanover s	treet	LProvidence	RT	10790	
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		_
	inel		104/2	25 25	
Signature of Authorized Person					
Betty		<u> </u>	•		
					_

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
APR 25 2025
BY C5By J