RI SOS Filing Number: 202576333500 Date: 6/27/2025 10:04:00 AM



State of Rhode Island Office of the Secretary of State

Fee: \$50.00

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

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

- **1. ID No.** 001701829
- 2. Exact Name of the Limited Liability Company LANG LEAP LLC
- 3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

541511

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

LANG LEAP LLC ADDRESSES THE LEARNING AND DEVELOPMENT NEEDS OF ORGANIZATIONS

THROUGH CUSTOM AND RAPIDLY DEPLOYABLE E-LEARNING SOLUTIONS THAT SEAMLESSLY

BLEND TECHNOLOGY, MULTIMEDIA ELEMENTS, AND CONTENT TO MAKE LEARNING ENGAGING

AND EFFECTIVE. THE COMPANY IS ALSO CREATING TECHNOLOGY-BASED LEARNING

<u>OPPORTUNITIES FOR EARLY-AGE LEARNERS, OFFERING MULTIPLE MOBILE</u> APPLICATIONS-

BASED ENGAGING PRODUCTS TO BOOST CREATIVE LEARNING AND PREPARE THEM FOR A

SMARTER TOMORROW.

5. Principal Office Address

No. and Street: 10 GLEN AVENUE

UNIT 2R

City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: NAVEED ASHRAF Contact Title: CEO

No. and Street: 10 GLEN AVENUE

UNIT 2R

City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NAVEED ASHRAF 10 GLEN AVE, UNIT 2R NORTH SMITHFIELD, RI 02896-7239

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of June, 2025 at 10:06:37 AM 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 § 7-16.

By NAVEED ASHRAF

Signature of Authorized Person

Form No. 632 Revised 09/07

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