



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Amended

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(7)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 000140238		2. Exact name of the limited liability company ELITE TITLE AND CLOSING SERVICES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TITLE AND CLOSING SERVICES			
5. Principal office address 120 AMARAL STREET, UNIT C		City EAST PROVIDENCE		State RI	Zip 02915
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DIEP DEROSA			Contact Title MANAGER		
Street Address 120 AMARAL STREET, UNIT C		City EAST PROVIDENCE		State RI	Zip 02915
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name DIEP DEROSA			Manager Name		
Street Address 180 ROCKY HILL ROAD			Street Address		
City REHOBOTH	State RI	Zip 02769	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 JUN 29 AM 11:33

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

000140238

FILED	
File Date	JUN 29 2009
Check No.	By <i>DS</i> 11:33
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

