



**State of Rhode Island and Providence Plantations  
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: September 1 - November 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:** 2012

**1. ID No.** 000484589

**2. Exact Name of the Limited Liability Company** Eliclade's Insurance Agency, LLC

**3. State of Formation**

State: RI

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

insurance dba as Allstate  
other services

**5. Principal Office Address**

No. and Street: 797 BROAD STREET

City or Town: CENTRAL FALLS

State: RI

Zip: 02863

Country: USA

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

Contact Name: Contact Title:

No. and Street: 797 BROAD ST

City or Town: CENTRAL FALLS

State: RI

Zip: 02863

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ELIZABETH GONZALEZ	476 WELLINGTON AVENUE CRANSTON, RI 02910 USA
MANAGER	FABIO R LIRIANO	764 E 230 ST BRONX, NY 10466 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ELIZABETH GONZALEZ 797 BROAD STREET CENTRAL FALLS , RI 02863

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

**Signed this 31 Day of August, 2012 at 11:41:34 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 ELIZABETH GONZALEZ  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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