



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>528323</u>		2. Exact name of the limited liability company <u>ELEGANTE Limousine L.L.C.</u>			
3. State of Formation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Limousine Service</u>			
5. Principal office address <u>32 MARIBETH DR.</u>		City <u>Johnston</u>	State <u>R.I.</u>	Zip <u>02919</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>ARTHUR P. SCAVITTI, JR.</u>		Contact Title <u>OWNER/PRES.</u>			
Street Address <u>32 MARIBETH DR.</u>		City <u>Johnston</u>	State <u>R.I.</u>	Zip <u>02919</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Form 642.					

FILED 1141

AUG 22 2013

BY D204282

2013 AUG 22 AM 11:41
SECRETARY OF STATE
CORPORATIONS DIV

File Date _____
Check No _____
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.

Arthur P. Scavitti Jr. 8-22-13
Signature of Authorized Person Date

ARTHUR P. SCAVITTI, JR. 8-22-13
Print or Type Name of Authorized Person