



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 2009

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>154736</u>		2. Exact name of the limited liability company <u>Elite Remodeling LLC</u>			
3. State of Formation <u>R I</u>		4. Brief description of the character of business conducted in Rhode Island <u>Remodeling for Houses</u>			
5. Principal office address <u>294 Roland Ave</u>		City <u>Cumberland</u>		State <u>RI</u>	Zip <u>02864</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Elias OBeid</u>		Contact Title			
Street Address <u>294 Roland Ave</u>		City <u>Cumberland</u>		State <u>RI</u>	Zip <u>02864</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
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.					

2014 APR -2 AM 8:46
SECRETARY OF STATE
CORPORATIONS DIV

FILED

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by 49-221450

A.A. 8:46 A.M.

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.

Elias OBeid
Signature of Authorized Person

Date

Elias OBeid
Print or Type Name of Authorized Person