



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 792678		2. Exact name of the Corporation E. L. I., Inc.			
3. Principal office address 450 Bullocks Point Avenue		City Riverside	State RI	Zip 02915	
4. Business Phone No. (401) 868-0098		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Domestic and foreign auto engine repair					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Elias F. Dib		Vice-President Name Najib Dib			
Street Address 1096 Bullocks Point Avenue		Street Address 9 Carolina Avenue			
City East Providence	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Secretary Name Cassandra K. Dib		Treasurer Name Jad Dib			
Street Address 1096 Bullocks Point Avenue		Street Address 12 Josal Drive			
City East Providence	State RI	Zip 02915	City Barrington	State RI	Zip 02806
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	No

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 29 2016

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 Representative

Elias F. Dib

Print or Type Name of Authorized Representative

02/26/16
Date

BY
Gm 268800