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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2016
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
ID# 810921	Elevated Visions, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	Did not happen due to funding		
5. Principal Office Address	City	State	Zip
407 Pine St. Unit 102	Providence	RI	02903
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Cecilee Slocum	Contact Title		
Street Address: 17 Luongo Square	City: Providence	State: RI	Zip: 02903

7. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

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

Check the box to indicate an attachment ☐

8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person	Date
CECILEE SLOCUM	10/3/16

Signature of Authorized Person: SIGN DOCUMENT HERE

FILED
OCT 03 2016
BY CR 28501
2:38

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

139460-2-1154008

FORM 632 - Revised: 05/2016