

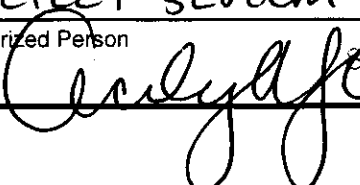


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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 ID# 810921		2. Exact name of the Limited Liability Company Elevated Visions, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Did not happen due to funding	
5. Principal Office Address 407 Pine St. Apt. Unit 102		City Providence	State RI
		Zip 02903	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Ceciley Slocum		Contact Title	
Street Address 17 Wongo 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 CECILEY SLOCUM		Date 10/3/16	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

FILED

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

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BY CK 285011
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