



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

[LOGOUT](#)

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1



[Help with this form](#)

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR:

1. ID No.

2. Exact Name of the Limited Liability Company

3. State of Formation

State:

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.



4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

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OCT 28 2016

5. Principal Office Address

BY 20717 DS

No. and Street:

City or Town:

State:

Zip:

Country:

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name:

Contact Title:

No. and Street:

	28 WEST NARRAGANSETT AV				
City or Town:	NEWPORT	State:	RI	Zip:	02840
		Country:	USA		

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Delete	Name	Address
		Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	EVA M LONGOBARDI	28 WEST NARRAGANSETT AVENUE NEWPORT, RI 02840- USA

First Name:

Address:

Middle Name:

City:

Last Name:

State:

Suffix:

Zip:

Country:

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EVA M. LONGOBARDI 28 WEST NARRAGANSETT AVENUE NEWPORT , RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:

☐ Woman
☐ Veteran
☐ Disabled
☐ Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full time employees does the business have:

☐ 0-5
☐ 6-50
☐ 51-200
☐ 201-500
☐ Over 500

3. What are the gross revenues for the business for the past year:

☐ \$0 - \$50,000
☐ \$51,000 - \$250,000
☐ \$251,000 - \$500,000
☐ \$501,000 - \$1,000,000
☐ Over \$1,000,000

FILED

OCT 23 2016

20717 DS

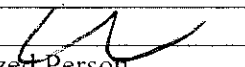
150813

Filer's Contact Information
 (Enter a contact name, mailing address and email.)

Contact Name:	Eva M Longobardi		
Business Name:	EML, LLC		
No. and Street:	28 West Narragansett Avenue	- Same Address as - <input type="checkbox"/>	
City or Town:	Newport	State:	RI
Contact Phone:		Zip:	02840
Contact Email:		Country:	USA
	ext:		
		<input type="button" value="Clear"/>	

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 3 Day of October, 2016 at 10:05:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By 
Signature of Authorized Person

Eva M Longobardi

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept ☐ Decline

[Click HERE to Submit This Information](#)

Form No. 632
Revised 09/07

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