

Annual Report for the year: _2017 **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

1. Entity ID Number 145898

5. State of Formation

3. NAICS Code

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

ear: <u>2017</u> ny I - November 1			N 22 P	SVCS				
i - November i	PH							
fee if form is no	t filed by Decem	ber 1.		A				
2. Exact name of the Limited Liability Company Elite Entertainment, LLC								
4. Brief description of the character of business conducted in Rhode Island								
Disc Jockey Services								
		City	State	Zip				
ad		Warwick	RI	02886				
oility Company and Name or Title of Contact Person								
ara		Contact Title Member						
ow Farm Road		City Warwick	State RI	^{Zip} 02886				
d addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
		Manager Name						
		Street Address						
State	Zip	City	State	Zip				
		Manager Name						
•		Street Address						

Rhode Island								
6. Principal Office Address 469 Sleepy Hollow Farm Road			City Warwick	State RI	Zip 02886			
7. Mailing Address o	f Limited Lial	bility Comp	any and Name or	Title of Contact Person	_	1		
Contact Name Kenneth M. Ferrara				Contact Title Member				
Street Address 469 Sleepy Hollow Farm Road				City Warwick	State RI	^{Zip} 02886		
8. List ALL manager	rs (names an	d addresse	es) of the Limited L	iability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name					
Street Address			Street Address					
City		State	Zip	City	State	Zip		
Manager Name				Manager Name	Manager Name			
Street Address			Street Address					
City		State	Zip	City	State	Zip		
			<u> </u>		Check the box to i	ndicate an attachment		
9. Resident Agent in	Rhode Islan	d. This infor	mation is currently o	f record with the Department of Si	tate. Changes require filir	ng Form 642.		
Under penalty of pestatements, and the				xamined this report, includi rue and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person					Date			
Kenneth M. Ferrara, Member					10.	10.18.17		
Signature of Authoria	zed Person	A.	Del:	1	•			

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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FORM 632 - Revised: 08/2017