



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

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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.

1. ID No. 000973742		2. Exact name of the limited liability company EI Castillo, LLC		3. NAICS Code 531312	
4. Brief description of the character of the business which is actually conducted in Rhode Island real estate holding company				5. State of Formation Rhode Island	
6. Principal office address 305 Dudley Street		City Providence		State RI	Zip 02907
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Deborah A. Schimberg		Contact Title Manager			
Street Address 305 Dudley Street		City Providence		State RI	Zip 02907
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Deborah A. Schimberg		Manager Name Kevin M. Neel			
Street Address 305 Dudley Street		Street Address 305 Dudley Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.					

FILED
SEP 10 2018

BY 22604

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

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.

Deborah A. Schimberg 9/4/18
Signature of Authorized Person Date

Deborah A. Schimberg, Manager

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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