



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

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SECRETARY OF STATE  
CORPORATIONS DIV

2019 JAN 23 PM 4:16

Annual Report for the year: 2017  
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 <b>001660492</b>		2. Exact name of the Limited Liability Company <b>Dr. Ashley &amp; Co., LLC</b>			
3. NAICS Code <b>541690</b>		4. Brief description of the character of business conducted in Rhode Island Concept development			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>45 Hidden Street, #C</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Adam Eltorai</b>			Contact Title <b>Manager</b>		
Street Address <b>7 North Main Street, #1433</b>			City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Adam Eltorai</b>			Manager Name		
Street Address <b>7 North Main Street, #1433</b>			Street Address		
City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<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.</b>					
Name of Authorized Person <b>Adam Eltorai</b>				Date <b>Jan 22, 2019</b>	
Signature of Authorized Person <i>Adam Eltorai</i> <small>Adam Eltorai (Jan 22, 2019)</small>				SIGN DOCUMENT HERE	

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

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BY CN 4F642

FORM 632 - Revised: 10/2017