



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division


Annual Report for the year: **2019**  
Corporation

ST. 1000

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| 1. Entity ID Number<br><b>001678920</b>  |                 | 2. Exact name of the Corporation<br><b>Elite Custom Compounding, Inc.</b>   |   |                    |                       |                  |              |           |   |   |        |   |   |        |
|--|-----------------|---|---|--------------------|-----------------------|------------------|--------------|-----------|---|---|--------|---|---|--------|
| 3. Principal Office Address<br><b>303 Kilvert Street</b>   |                 |   | City<br><b>Warwick</b>                      | State<br><b>RI</b> | Zip<br><b>02886</b>   |                  |              |           |   |   |        |   |   |        |
| 4. NAICS Code<br><b>339999</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>MISCELLANEOUS MANUFACTURING.</b>  |   |                    |                       |                  |              |           |   |   |        |   |   |        |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                 |   |   |                    |                       |                  |              |           |   |   |        |   |   |        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                    |                       |                  |              |           |   |   |        |   |   |        |
| President Name <b>TIMOTHY W. WALSH</b>   |                 |   | Vice-President Name <b>TIMOTHY W. WALSH</b> |                    |                       |                  |              |           |   |   |        |   |   |        |
| Street Address <b>303 KILVERT STREET</b>   |                 |   | Street Address <b>SAME</b>                  |                    |                       |                  |              |           |   |   |        |   |   |        |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02886</b>  | City  | State              | Zip                   |                  |              |           |   |   |        |   |   |        |
| Secretary Name <b>TIMOTHY W. WALSH</b>   |                 |   | Treasurer Name <b>TIMOTHY W. WALSH</b>      |                    |                       |                  |              |           |   |   |        |   |   |        |
| Street Address   |                 |   | Street Address                              |                    |                       |                  |              |           |   |   |        |   |   |        |
| City   | State           | Zip   | City  | State              | Zip                   |                  |              |           |   |   |        |   |   |        |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |   |                    |                       |                  |              |           |   |   |        |   |   |        |
| Director Name <b>TIMOTHY W. WALSH</b>  |                 |   | Director Name <b>NONE</b>                   |                    |                       |                  |              |           |   |   |        |   |   |        |
| Street Address <b>303 KILVERT STREET</b>   |                 |   | Street Address                              |                    |                       |                  |              |           |   |   |        |   |   |        |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02886</b>  | City  | State              | Zip                   |                  |              |           |   |   |        |   |   |        |
| Director Name <b>NONE</b>  |                 |   | Director Name <b>NONE</b>                   |                    |                       |                  |              |           |   |   |        |   |   |        |
| Street Address   |                 |   | Street Address                              |                    |                       |                  |              |           |   |   |        |   |   |        |
| City   | State           | Zip   | City  | State              | Zip                   |                  |              |           |   |   |        |   |   |        |
| 9. Shares Authorized   |                 | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |                    |                       |                  |              |           |   |   |        |   |   |        |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                 | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>A</td> <td>\$0.00</td> </tr> <tr> <td>0</td> <td>B</td> <td>\$0.00</td> </tr> </tbody> </table> |   |                    |                       | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 0 | A | \$0.00 | 0 | B | \$0.00 |
|  |                 | NUMBER OF SHARES  | CLASS/SERIES                                | PAR VALUE          |                       |                  |              |           |   |   |        |   |   |        |
|  |                 | 0   | A   | \$0.00             |                       |                  |              |           |   |   |        |   |   |        |
| 0  | B               | \$0.00  |   |                    |                       |                  |              |           |   |   |        |   |   |        |
|  |                 |   |   |                    |                       |                  |              |           |   |   |        |   |   |        |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.<br><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 Representative<br><b>TIMOTHY W. WALSH, PRESIDENT</b>  |                 |   |   |                    | Date<br><b>1/4/19</b> |                  |              |           |   |   |        |   |   |        |
| Signature of Authorized Representative<br>  |                 |   |   |                    |                       |                  |              |           |   |   |        |   |   |        |