

R.I. DEPT. OF STATE
BUS SVCS DIV

NOV 10 P 1:08



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018
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 796398		2. Exact name of the Limited Liability Company LIN M ELEOFF, LLC			
3. NAICS Code 624190		4. Brief description of the character of business conducted in Rhode Island life + business coaching services			
5. State of Formation RI					
6. Principal Office Address 387 Washington Rd		City Barrington	State RI	Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lin Eleoff		Contact Title owner			
Street Address 387 Washington Rd		City Barrington	State RI	Zip 02806	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642					
<i>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.</i>					
Name of Authorized Person Lin Eleoff				Date NOV 2-20	
Signature of Authorized Person 					

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

FILED
NOV 10 2020
BY **RISF3**
FORM 533 (Revised 08/2020)