



State of Rhode Island

Department of State - Business Services Division

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2020 NOV 16 P 2:04

Annual Report for the year: 2020

## 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<br>000906390                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br>Denelle & Elliott, LLC                        |                      |                           |              |
| 3. NAICS Code<br>541110                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><br>Law Practice |                      |                           |              |
| 5. State of Formation<br>RI                                                                                                                                                                          |       |                                                                                                 |                      |                           |              |
| 6. Principal Office Address<br>1 Grove Avenue                                                                                                                                                        |       | City<br>East Providence                                                                         |                      | State<br>RI               | Zip<br>02914 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                 |                      |                           |              |
| Contact Name Christopher Denelle                                                                                                                                                                     |       |                                                                                                 | Contact Title Member |                           |              |
| Street Address 1 Grove Avenue                                                                                                                                                                        |       | City East Providence                                                                            |                      | State RI                  | Zip 02914    |
| 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.                                                                  |       |                                                                                                 |                      |                           |              |
| 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. |       |                                                                                                 |                      |                           |              |
| Name of Authorized Person<br>Christopher Denelle                                                                                                                                                     |       |                                                                                                 |                      | Date<br>November 16, 2020 |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                 |                      |                           |              |

## MAIL TO:

Division of Business Services

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