



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2021
Limited Liability Company

2021 SEP 20 PM 1:53

- 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 <u>001664134</u>		2. Exact name of the Limited Liability Company <u>Elegant Design Construction & Investments LLC</u>			
3. NAICS Code <u>236118</u>		4. Brief description of the character of business conducted in Rhode Island <u>Construction Company</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>PO Box 29631</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Pablo Beato Cruz</u>			Contact Title <u>Owner</u>		
Street Address <u>PO Box 29631</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>/</u>			Manager Name <u>/</u>		
Street Address <u>/</u>			Street Address <u>/</u>		
City <u>/</u>	State <u>/</u>	Zip <u>/</u>	City <u>/</u>	State <u>/</u>	Zip <u>/</u>
Manager Name <u>/</u>			Manager Name <u>/</u>		
Street Address <u>/</u>			Street Address <u>/</u>		
City <u>/</u>	State <u>/</u>	Zip <u>/</u>	City <u>/</u>	State <u>/</u>	Zip <u>/</u>
Check the box to indicate an attachment ☐					
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 <u>Bessanig Bencosme</u>				Date <u>09/20/21</u>	
Signature of Authorized Person <u>[Signature]</u>					

MAIL TO:
Division of Business Services
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