



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 23 2024
BY [Signature]

1. Entity ID Number 001678920		2. Exact name of the Corporation ELITE CUSTOM COMPOUNDING, INC.			
3. Principal Office Address 303 KILVERT STREET			City WARWICK	State RI	Zip 02886
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island MISCELLANEOUS MANUFACTURING.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TIMOTHY W. WALSH			Vice-President Name TIMOTHY W. WALSH		
Street Address 303 KILVERT STREET			Street Address 303 KILVERT STREET		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name TIMOTHY W. WALSH			Treasurer Name TIMOTHY W. WALSH		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TIMOTHY W. WALSH			Director Name NONE		
Street Address 303 KILVERT STREET			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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. 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 Representative TIMOTHY W. WALSH, PRESIDENT				Date 2/19/24	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov