



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Limited Liability Company

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

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STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number <u>001747974</u>		2. Exact name of the Limited Liability Company <u>ELMARBER LLC.</u>	
3. NAICS Code <u>561910</u>		4. Brief description of the character of business conducted in Rhode Island <u>PACKING SERVICES.</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>750 EAST AVENUE LOWE RICHMOND</u>		City <u>PANAMA</u>	State <u>RI</u>
		Zip <u>02860</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>MARLENE C CHACON PINEA</u>		Contact Title	
Street Address <u>3 TIONA ST # 1</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02906</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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>MARLENE C CHACON PINEA</u>		Date <u>04/30/2025</u>	
Signature of Authorized Person <u>[Signature]</u>			

FILED

APR 30 2025

BY EDSII

AA.

MAIL TO:

Division of Business Services

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