



**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.

FILED

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Entity ID Number<br>000120436                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>ELIO'S REAL ESTATE, LLC                                               |                             |
| 3. NAICS Code<br>531110                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Own and manage real estate renting, etc. |                             |
| 5. State of Formation<br>RI                                                                                                                                                                             |  |                                                                                                                         |                             |
| 6. Principal Office Address<br>52 Blackstone Street                                                                                                                                                     |  | City<br>Mendon                                                                                                          | State<br>MA<br>Zip<br>01756 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                                         |                             |
| Contact Name<br>ANTOINE EL HOSRI                                                                                                                                                                        |  | Contact Title<br>Member                                                                                                 |                             |
| Street Address<br>52 Blackstone Street                                                                                                                                                                  |  | City<br>Mendon                                                                                                          | State<br>MA<br>Zip<br>01756 |
| 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<br>ANTOINE EL HOSRI                                                                                                                                                           |  | Date<br>5/29/2025                                                                                                       |                             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                                         |                             |

**MAIL TO:****Division of Business Services**

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