



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 OCT 21 AM 11:18:42

Annual Report for the year: 2024  
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.

|                                                                                                                                                                                                         |  |                                                                                                      |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|------------------|
| 1. Entity ID Number<br>001666470                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>ELEGANT LIVING LLC                                 |                  |
| 3. NAICS Code<br>236118                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>CARPENTRY AND MASONRY |                  |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  |                                                                                                      |                  |
| 6. Principal Office Address<br>151 New Meadow Rd.                                                                                                                                                       |  | City<br>Swansea                                                                                      | State<br>MA      |
|                                                                                                                                                                                                         |  | Zip<br>02777                                                                                         |                  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                      |                  |
| Contact Name<br>Brian Costa                                                                                                                                                                             |  | Contact Title<br>Member                                                                              |                  |
| Street Address<br>151 New Meadow Rd.                                                                                                                                                                    |  | City<br>Swansea                                                                                      | State<br>MA      |
|                                                                                                                                                                                                         |  | Zip<br>02777                                                                                         |                  |
| 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>Brian Costa                                                                                                                                                                |  |                                                                                                      | Date<br>10/15/25 |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                                      |                  |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED 1123  
OCT 21 2025  
BY M729V  
a