



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2643
(401) 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| | | | |
|---|-------|---|--------------|
| 1. ID No. 158894 | | 2. Exact name of the limited liability company ELM Associates, LLC | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island financial services | |
| 5. Principal office address 146 Clifford Street | | City Providence | State RI |
| | | Zip 02903 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Robert Mann | | Contact Title | |
| Street Address 146 Clifford Street | | City Providence | State RI |
| | | Zip 02903 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name Steven I. Rosenbaum, Esq. | | Address 30 Exchange Terrace | |
| Address POORE & ROSENBAUM LLP | | City Providence | Zip 02903 |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

158894

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|--------------------------------|--------------------|
| File Date | FILED |
| Check No. | SEP 14 2007 |
| By: | 10882 |
| By SECRETARY OF STATE USE ONLY | |

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.

Robert Mann 9/10/07
Signature of Authorized Person Date

Robert Mann

Print or Type Name of Authorized Person