



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 02904-2615
(401.222.3040)

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(v)) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|--------------------|--|---------------------------------|--------------------|--------------------------|
| 1. ID No 114403 | | 2. Exact name of the limited liability company EMR REALTY, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island ownership and development of real property | | | |
| 5. Principal office address 2251 Mineral Spring Avenue | | | City North Providence | State RI | Zip 02911-0000 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Geoffrey D. Greene | | | Contact Title Member | | |
| Street Address 2251 Mineral Spring Avenue | | | City North Providence | State RI | Zip 02911-0000 |
| 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 Geoffrey D. Greene | | | Manager Name | | |
| Street Address 2251 Mineral Spring Avenue | | | Street Address | | |
| City North Providence | State RI | Zip 02911 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |

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

| | |
|---------------------------------|------------------------|
| FILED | |
| File Date | SEP 21 2011 |
| Check No. | By: [Signature] |
| By: | 1197 |
| FOR 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.

Signature of Authorized Person: **Geoffrey D. Greene** Date: **09/01/2011**
By: **Member**
Print or Type Name of Authorized Person: **Member**