

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

| 1. ID No. 151601 | | t name of the limited liability company ELL REALTY, LLC | | | | |
|---|--|---|--|---|----------------|--|
| 3. State of Formation | 4. Brief de REAL E | 4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE BROKERAGE | | | | |
| 5. Principal office address 168 BECKER AVENUE | | | City EAST PROVIDENCE | State RI | Ζφ 02915 | |
| Comaci Name PHILLIP L. TIRF | | IABILITY COMPANY AN | NO NAME OR TITLE OF CONTACT PE Contact Title MEMBER | RSON: | 1020,0 | |
| Street Address 168 BECKER AVENUE | | | City EAST PROVIDENCE | State RI | Zip 02915 | |
| 7. NAME AND AD | DRESS OF EACH M FILE | ANAGER OF THE LIMIT IN SPACES BEFORE US | ED LIABILITY COMPANY, IF APPLICATION OF A COMPANY OF A CO | I ABLE - <u>DO NO'</u> TTACHMENT) - F | T LIST MEMBERS | |
| Monager Name NONE | | | Manager Name NONE | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name NONE | | | Manager Name NONE | • " | | |
| Street Address | | | Street Address | Street Address | | |
| ЭЦу | State | Zip | City | State | Zip | |
| | NT IN RHODE ISLA currently of record in | | : of State. Changes require filing of Form | 1 642 - R.I.G.L. 7-1 | [16-11 | |

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

| 151601 |
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| FILED |

| File Date | OCT 1 1 2011 |
|-----------|---------------------------|
| Check No. | 4383 |
| FOR SE | CRETARY OF STATE USE ONLY |

| Under penalty of perjury, I declar including any accompanying sche | re and affirm that I I | have examir | ned this report, |
|--|------------------------|---------------|------------------|
| contained herein are rue and con | rect. | nts, and that | an spatements |
| 1 The state of the | | U | // 9-30-24/ |
| Signature of Authorized Person | Date | | |
| PHILLIP L. TIRRELL, | , Member | | |
| Print or Type Name of Authorized I | Person | | |