



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |  |      |             |              |
|---|-------|--|------|-------------|--------------|
| 1. Entity ID No.<br>132749  |       | 2. Exact name of the limited liability company<br>583 Elmwood Ave Realty, LLC                  |      |             |              |
| 3. State of Formation<br>Rhode Island   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Our Real Estate |      |             |              |
| 5. Principal office address<br>583 Elmwood Ave  |       | City<br>Providence   |      | State<br>RI | Zip<br>02907 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |      |             |              |
| Contact Name<br>Ernest Patricia   |       | Contact Title  |      |             |              |
| Street Address<br>344 Cherry Hill Road  |       | City<br>Johnston   |      | State<br>RI | Zip<br>02919 |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |      |             |              |
| Manager Name  |       | Manager Name   |      |             |              |
| Street Address  |       | Street Address   |      |             |              |
| City  | State | Zip  | 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 Form 642.   |       |  |      |             |              |

FILED

SEP 05 2012

BY 178182  
10:48

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

Ernest Patricia  
Signature of Authorized Person

7/22/12  
Date

Print or Type Name of Authorized Person