



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 2012

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&c)) is subject to a penalty fee of \$25.00.

| | | | | | |
|---|--------------------|--|--|--------------------|---------------------|
| 1. ID No. 504603 | | 2. Exact name of the limited liability company Elmhurst Properties II, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, hold, develop, improve, rent, and sell real estate | | | |
| 5. Principal office address 1300 Division Road, Suite 203 | | | City Warwick | State RI | Zip 02893 |
| Contact Name Robert T. McCann | | | Contact Title Manager | | |
| Street Address 1300 Division Road, Suite 203 | | | City Warwick | State RI | Zip 02893 |
| Manager Name Robert McCann | | | Manager Name Scott Carlisle | | |
| Street Address 1300 Division Road, Suite 203 | | | Street Address 1300 Division Road, Suite 203 | | |
| City Warwick | State RI | Zip 02893 | City Warwick | State RI | Zip 02893 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

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 Orson and Brusini Ltd.

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

FILED

SEP 21 2012

| | |
|-----------|-----------------|
| File Date | BY <u>11973</u> |
| Check No. | |

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] 9/14/12
Signature of Authorized Person Date

Robert T. McCann, Manager

Print or Type Name of Authorized Person