



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