## 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 2013

Filing Period: September 1 - November 1 • This period 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.	2. Exact name of the limited liability company				
000505241	ELMWOOD REALTY ACQUISITION LLC				
3, State of Formation	Brief description of the character of business conducted in Rhode Island				
DELAWARE	LESSOR OF COMMERCIAL REAL ESTATE .				
5, Principal office address		City	State	Zip	
1637 ELMWOOD AVENUE		CRANSTON	RI	02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name		Contact Title	Contact Title		
RICHARD BURKHART		MEMBER			
Street Address		City	State	Zip	
1637 ELMWOOD AVENUE		CRANSTON	_ RI	02910	
7. LIST ALL MANAGERS (NAMES	AND ADDRESSES) OF THE LIMIT	TED LIABILITY COMPANY, IF A	APPLICABLE - DO NO	T LIST MEMBERS	
("X" BOX FOR ATTACHMENT)		· · · ·	•		
Manager Name	Manager Name	Manager Name			
RICHARD BURKHART			<u> </u>		
Street Address	Street Address		RPOR RETAIN		
1637 ELMWOOD AVE			313		
City	Zip	City	State	<b>8</b> 275	
CRANSTON RI	L_02910				
Manager Name	Manager Name	Manager Name			
				AH II:	
Street Address	Street Address	Street Address			
				39 VIE	
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.					

FILED

MAY 28 2013 11.39 KM

By 198214

File Date

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and attrim that I have examined this report, including any accompanying schedules and statements, and that all statements contained berein are true and correct.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

Check No \_\_\_