



**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 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. <b>149122</b>		2. Exact name of the limited liability company <b>CHESTNUT AND ELM LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>			
5. Principal office address <b>15 Scotch Pine Circle</b>		City <b>Wellesley</b>		State <b>MA</b>	Zip <b>02481</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Joseph R. DiStefano, Esq.</b>		Contact Title <b>Attorney</b>			
Street Address <b>One Citizens Plaza, 8th Floor</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Contos Management Corp.</b>		Manager Name			
Street Address <b>15 Scotch Pine Circle</b>		Street Address			
City <b>Wellesley</b>	State <b>MA</b>	Zip <b>02481</b>	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**

OCT 31 2013

BY 1097

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.

Katerina Contos 10-17-13  
Signature of Authorized Person Date

**Katerina Contos, Pres., Contos Management Corp.**

Print or Type Name of Authorized Person