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 _ 2015

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	2. Exact name of the limited liability company				
000505241	ELMWO	ELMWOOD REALTY ACQUISITION LLC				
3. State of Formation	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island				
DELAWARE	LESSO	LESSOR OF COMERCIAL REAL ESTATE				
5. Principal office address			City	State	Zip	
1637 ELMWOOD AVENUE			CRANSTON	RI	02910	
6. MAILING ADDRESS OF LIMI	TED LIABILITY C	OMPANY AND NAME		RSON:		
Contact Name			Contact Title	Contact Title		
RICHARD BURKHART			MEMBER			
Street Address			City	State	Zip	
1637 ELMWOOD AVENUE			CRANSTON	RI	02910	
7. LIST ALL MANAGERS (NAM	ES AND ADDRES	SES) OF THE LIMITI	ED LIABILITY COMPANY, IF	APPLICABLE - DO NO	T LIST MEMBERS	
("X" BOX FOR ATTACHMENT	r) 🗌					
Manager Name			Manager Name	Manager Name		
RICHARD BURKHART						
Street Address			Street Address	Street Address		
1637 ELMWOOD AVENUE	·					
City	•	Zip	City	State	Zip	
CRANSTON RI		02910				
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City State	,	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE	E ISLAND					
This information is currently of	record in the Of	fice of the Secretary	of State. Changes require fi	ling of Form 642.		

FILED JUL 1 0 2015

BY 1268

File Date
Check No
Ву:
FOR SECRETARY OF STATE LISE ONLY

Under penalty of perjucy, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained repein are true and correct.

Side due & Authorized Backing

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012