



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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

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. 133027		2. Exact name of the limited liability company ELLIOT REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island PURCHASE, SALE AND ACCUMULATION OF REAL ESTATE			
5. Principal office address 185 YORK AVENUE		City PAWTUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DANA E. WILSON			Contact Title MANAGER		
Street Address 331 OLD PROVIDENCE ROAD		City SWANSEA	State MA	Zip 02777	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name DANA E. WILSON			Manager Name		
Street Address 331 OLD PROVIDENCE ROAD			Street Address		
City SWANSEA	State MA	Zip 02777	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 26 2015

BY 313

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.

Dana Wilson

Signature of Authorized Person

2-22-15

Date

DANA E. WILSON

Print or Type Name of Authorized Person