State of Rhode Island a Department of S			s Division	_		
Annual Report for the y	/ear: ²⁰¹⁵	;				
Limited Liability Compa						
 → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 	1 - Novembe		nber 1.		्राष्ट्र विशिष्ट	
1. Entity ID Number	2. Exact nar	2. Exact name of the Limited Liability Company				
90152	1	Elmwal Associates, LLC				
3. State of Formation	4. Brief desc	cription of the charac	cter of business conducted	d in Rhode Island	63 65	
Rhode Island	Real estate Real estate					
5. Principal Office Address			City	State	Zip	
61 Ledge Road, Unit G			Newport	RI	02840	
6. Mailing Address of Limited Lia	ıbility Compan	y and Name or Title				
Contact Name Stephen R. Lew	instein		Contact Title Member			
Street Address 61 Ledge Road, Unit G			City Newport	State RI	^{Zip} 02840	
7. List ALL managers (names ar	nd addresses)	of the Limited Liabil	lity Company, IF APPLICA	ABLE - DO NOT LIST ME	EMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	1			Check the box to inc	dicate an attachment	
8. Resident Agent in Rhode Islan	nd. This informa	ition is currently of reco	ord in the Department of State	e. Changes require filing Fo	orm 642.	
Under penalty of perjury, I dec statements, and that all statem				ng any accompanying	schedules and	
Name of Authorized Person				Date		
Carl I. Freedman				August	5, 2016	
Signature of Authorized Person	1	SIGN DOC	UWENTHERE			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov