State of
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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2016

STAMP

Annual Report for the year: Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 114403	2. Exact name of the Limited Liability Company EMR REALTY, LLC						
State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island						
Knode Island	Island ownership and development of real property						
5. Principal Office Address			City	State	Zip		
2251 Mineral Spring Avenue		North Providence	RI	02911-0000			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Geoffrey D. Greene		Contact Title Manager					
Street Address 2251 Mineral Spring Avenue		City North Providence	State RI	Zip 02911-0000			
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Geoffrey D. Greene Manage		Manager Name					
Street Address 2251 Mineral Spring Avenue		Street Address					
City North Providence	State RI	Zip 02911	City	State	Zip		
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person				Date	Date		
Geoffrey D. Greene	Manager		09/01/2	09/01/2016			
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

