

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	 LOGOUT

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

 Help with this form

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: <input type="text" value="2016"/>		
1. ID No. <input type="text" value="000128064"/>		
2. Exact Name of the Limited Liability Company <input type="text" value="EMCD REALTY, LLC"/>		
3. State of Formation State: <input type="text" value="RI"/>		
<p style="text-align: center;">ARTICLE III</p> <p>Using the following NAICS codes, please select the code that best describes your business.</p> <table border="1"><tr><td><input type="text" value="Real Estate Rental and Leasing"/></td><td><input type="text" value="53"/></td></tr></table>	<input type="text" value="Real Estate Rental and Leasing"/>	<input type="text" value="53"/>
<input type="text" value="Real Estate Rental and Leasing"/>	<input type="text" value="53"/>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <input type="text" value="REAL ESTATE DEVELOPMENT/INVESTMENT"/>		
5. Principal Office Address No. and Street: <input type="text" value="187 WILLETT AVENUE"/> City or Town: <input type="text" value="EAST PROVIDENCE"/> State: <input type="text" value="RI"/> Zip: <input type="text" value="02915"/> Country: <input type="text" value="USA"/>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <input type="text"/> Contact Title: <input type="text"/> No. and Street: <input type="text"/>		

187 WILLETT AVENUE

City or Town: EAST PROVIDENCE State: RI Zip: 02915 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Delete	Name	Address <small>Address, City or Town, State, Zip Code, Country</small>
<input type="checkbox"/>	EVANGELOS LAMBROU	187 WILLETT AVENUE EAST PROVIDENCE, RI 02915 USA

First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DELANEY & DEMERCHANT LLC 91 FRIENDSHIP STREET, SUITE ONE PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:

- Woman
- Veteran
- Disabled
- Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full time employees does the business have:

- 0-5
- 6-50
- 51-200
- 201-500
- Over 500

3. What are the gross revenues for the business for the past year:

- \$0 - \$50,000
- \$51,000 - \$250,000
- \$251,000 - \$500,000
- \$501,000 - \$1,000,000
- Over \$1,000,000

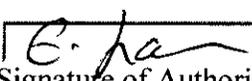
Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:	<input type="text"/>			
Business Name:	<input type="text"/>			
No. and Street:	<input type="text"/>	- Same Address as -	<input type="text"/>	
City or Town:	<input type="text"/>	State:	<input type="text"/>	Country: <input type="text"/>
Contact Phone:	<input type="text"/>	ext:	<input type="text"/>	
Contact Email:	<input type="text"/>			<input type="button" value="Clear"/>

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 18 Day of November, 2016 at 2:06:20 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By 
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept Decline

[Click HERE to Submit This Information](#)

Form No. 632
Revised 09/07

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