

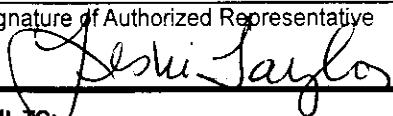


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 61913		2. Exact name of the Corporation THE ELMS RETIREMENT RESIDENCE INC.			
3. Principal Office Address 22 ELM STREET		City WESTERLY		State RI	Zip 02891
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE OWNERSHIP, DEVELOPMENT, OPERATION AND MANAGEMENT OF ASSISTED LIVING FACILITY FOR THE ELDERLY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GUY MAIORANO			Vice-President Name		
Street Address 12 QUARRY ROAD			Street Address		
City MYSTIC	State CT	Zip 06355	City	State	Zip
Secretary Name LESLIE TAYLOR			Treasurer Name GUY MAIORANO		
Street Address 58 TOM WHEELER ROAD			Street Address 12 QUARRY ROAD		
City NORTH STONINGTON	State CT	Zip 06359	City MYSTIC	State CT	Zip 06355
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 2000	CLASS/SERIES N/A	PAR VALUE NONE
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative LESLIE TAYLOR					Date 02/14/2017
Signature of Authorized Representative 					FILED FEB 17 2017

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY 

FORM 630 - Revised: 02/2017