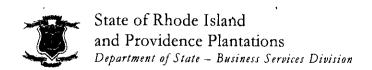
RI SOS Filing Number: 201734536870 Date: 2/22/2017 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 201

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*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.

1. ID No. 001102362	2. Exact name of the limi 271 Elm, LLC		3. NAICS Code									
	of the character of the busin olding company	ess which is actually conduc	ted in Rhode Island		5. State of Formation Rhode Island							
6. Principal office a	ne Unit 3		City Greenville	State RI	Zip 02818							
7. MAILING ADD Contact Name Eric M. Covin	77	ILITY COMPANY AND I	NAME OR TITLE OF CONTAC Contact Title Manager	RPERSON :								
Street Address 400 Puti	nam Pike Ste.	J #242	City Smithfield	State RI	7 Zip 02917							
8. NAME AND ADI Manager Name Eric M. Covii	FILE IN SPACE	ER OF THE LIMPED L S BEFORE USING ATTA	ABILITY COMPANY, IF APPL CHMENTS ("X" BOX FOR Manager Name	ACABEE - <u>DO NOT I</u> attachment: □	IST MEMBERS							
Street Address 400 Puti	nam Pike Ste.	J #242	Street Address									
City Smithfie	eld State	<sup>Zig</sup> 2917	Čity	State Zip								
Manager Name			Manager Name									
Street Address			Street Address									
City  RESIDENT AGE	State NT IN RHODE ISLAND	Zip	City	State	Zip							
	THE AND THE PARTY OF THE PROPERTY OF THE PARTY OF THE PAR	ice of the Secretary of Stat	e. Changes require filing of Form	1 642 – R.I.G.L. 7-16-11	Orson and Brusini Ltd.							
		FEB 2 2 20	5V 017									
		BY_284										

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

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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.

Signature of Authorized Person

Daie

Eric M. Covino, Manager