



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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 limited liability company 271 Elm, LLC		3. NAICS Code 53	
4. Brief description of the character of the business which is actually conducted in Rhode Island real estate holding company			5. State of Formation Rhode Island	
6. Principal office address 1 Garnett Lane Unit 3		City Greenville	State RI	Zip 02818
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON				
Contact Name Eric M. Covino		Contact Title Manager		
Street Address 400 Putnam Pike Ste. J #242		City Smithfield	State RI	Zip 02917
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/>				
Manager Name Eric M. Covino		Manager Name		
Street Address 400 Putnam Pike Ste. J #242		Street Address		
City Smithfield	State RI	Zip 02917	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
9. RESIDENT AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.				

FILED

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BY 284

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

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

Date

Eric M. Covino, Manager

Print or Type Name of Authorized Person

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY