

FILED

JAN 25720181P

BY STATE

## Annual Report for the year: 2017 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.

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Entity ID Number	2. Exact name of the Limited Liability Company				
96223	819 Elmwood Avenue, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
531390	Real Estate				
5. State of Formation					
Rhode Island				_	
6. Principal Office Address			City	State	Zip
One Wellington Road			Lincoln	RI	02865
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kevin M. Daley, Esq.			Contact Title Attorney		
Street Address 1383 Warwick Avenue			City Warwick	State RI	<sup>Zip</sup> <b>02888</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		<u>.                                    </u>		Check the box to it	ndicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with 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					
Len Gemma					
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

