



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 127059		2. Exact name of the limited liability company Elmwood II State Credit Investors, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 693 BROAD STREET		City PROVIDENCE	State RI	Zip 02907-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Susann G. Mark			Contact Title Executive Director		
Street Address 693 BROAD STREET		City PROVIDENCE	State RI	Zip 02907-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name ENR II, Inc.		*Manager Name			
Street Address 693 Broad Street		*Street Address			
City Providence	State RI	Zip 02907	*City	*State	*Zip
*Manager Name		*Manager Name			
*Street Address		*Street Address			
*City	*State	*Zip	*City	*State	*Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name THE ELMWOOD FOUNDATION FOR ARCHITECHTURAL			Address 693 BROAD STREET		
Address		City PROVIDENCE		Zip 02907-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 7 0 5 9

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.

\*127059 DLLC 11/09/05 10:49:05 AM\*

File Date 11/01/05

Check No. 13065

By: CC

FOR SECRETARY OF STATE USE ONLY

Anne Grant 11/4/05  
Signature of Authorized Person Date  
Anne Grant, President  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 127059		2. Exact name of the limited liability company Elmwood II State Credit Investors, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 693 Broad Street		City PROVIDENCE	State RI	Zip 02907-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SUSAN K MILLIS			Contact Title		
Street Address 693 Broad Street		City PROVIDENCE	State RI	Zip 02907-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name ENR II, Inc.		Manager Name			
Street Address 693 Broad Street		Street Address			
City Providence	State RI	Zip 02907	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name THE ELMWOOD FOUNDATION FOR ARCHITECHTURAL		Address ONE TRINITY SQUARE			
Address		City PROVIDENCE		Zip 02907-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\*127059 DLI 02/20/04 02:00:19 PM\*

File Date 10/21/04

Check No. 12323

By: W.

FOR SECRETARY OF STATE USE ONLY

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.

Elizabeth A. Bracken 10/21/04  
Signature of Authorized Person Date

Elizabeth A. Bracken, President  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State  
 Matthew A. Brown, Secretary of State

Corporations Division  
 100 North Main Street  
 Providence, RI 02903-1335  
 401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>127059</b>		2. Exact name of the limited liability company <b>Elmwood II State Credit Investors, LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		3. Brief description of the character of the business which is actually conducted in Rhode Island <b>real estate</b>			
5. Principal office address <b>One Trinity Square</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <b>Susan K. Millis</b>			Contact Title <b>Executive Director</b>		
Street Address <b>One Trinity Square</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name <b>ENR II, Inc.</b>			Manager Name		
Street Address <b>One Trinity Square</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>KRISTIN A. DEKUIPER</b>			Address		
Address <b>ONE FINANCIAL PLAZA, SUITE 1800</b>			City <b>PROVIDENCE</b>	Zip <b>02903-</b>	

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 OCT 24 12:17 PM '03

Change Attached

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 OCT 10 3 38 PM '03

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 2 7 0 5 9 \*

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.

**FILED**

File Date **NOV 03 2003**

Check No. **By [Signature]**

FOR SECRETARY OF STATE USE ONLY

Elizabeth A. Bracken 10/1/03  
 Signature of Authorized Person Date

Elizabeth A. Bracken  
 Print or Type Name of Authorized Person