



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

OCT 08 2020



1139

Annual Report for the year: 2020
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.

| | | | | | | | |
|---|--|---|-----|--------------------|--|-----------------|--------------|
| 1. Entity ID Number 000798340 | | 2. Exact name of the Limited Liability Company Hospital Elm Realty, LLC | | | | | |
| 3. NAICS Code 531110 | | 4. Brief description of the character of business conducted in Rhode Island Real estate holdings | | | | | |
| 5. State of Formation RI | | | | | | | |
| 6. Principal Office Address 90 Elm Street | | | | City Providence | | State RI | Zip 02903 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Paul W. Whyte | | | | Contact Title | | | |
| Street Address 90 Elm Street | | | | City Providence | | State RI | Zip 02903 |
| 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 |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | | | |
| <i>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.</i> | | | | | | | |
| Name of Authorized Person Paul W. Whyte | | | | | | Date 10/3/20 | |
| Signature of Authorized Person <i>Paul W. Whyte</i> | | | | | | | |

MAIL TO:
 Division of Business Services
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