Data: 3/1/2021 2:38:00 PM

RI 505	Filing Number: 202193432790	Date: 3/1/2021 2:38:00 PM					
State of Rhode Island Department of State - Business Services Division							
Annual Report for the year:							
Limited Liability Co	ompany						
→ Filing period: Septe	mber 1 - November 1	•					

→ Filing Fee: \$50.00							
→ Penalty: Additional \$25.00	fee if form is no	t filed by Decem	iber 1.		2: 3		
1. Entity ID Number	2. Exact name	of the Limited Lia	bility Company i		0		
1688224	ELM REALESTATE? DESIGN LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53/2/0	REALESTATE SALESTURSING						
5. State of Formation	OFFICE OF REALESTATE AGENTS AND BROKERS						
6. Principal Office Address			City	State	Zip 07000		
135 COURTL	RDUR	REET	I PROVIDENCE	1 /1	02109		
7. Mailing Address of Limited Lial	bility Company a	nd Name or Title					
Contact Name CHARLEHORNBY			Contact Title OWNER				
Street Address 441 BROADWAY			CITY PROVIDENCE	State R	zip 02909		
8. List ALL managers (names an	d addresses) of	the Limited Liabil	ity Company, IF APPLICABLE -	DO NOT LIST ME	MBERS		
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		
 .			Ch	eck the box to ind	icate an attachment		
9. The Resident Agent informatio	n currently of re	cord with the RI D	Department of State is accurate.	Changes require f	ling Form 642.		
Under penalty of perjury, I decistatements, and that all statem				accompanying s	schedules and		
Name of Authorized Person	NBX			Date 2/1/8	1609		
Signature of Authorized Person							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 632 - Revised: 08/2020