



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: **2021**

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 <b>509257</b>		2. Exact name of the Limited Liability Company <b>Elephant Rock LLC</b>			
3. NAICS Code <b>531320</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real estate ownership + management</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>8 Alta Vista Drive</b>		City <b>Princeton</b>	State <b>NJ</b>	Zip <b>08540</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Jones Toland</b>		Contact Title <b>owner &amp; manager</b>			
Street Address <b>8 Alta Vista Dr</b>		City <b>Princeton</b>	State <b>NJ</b>	Zip <b>08540</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Jones Toland</b>		Manager Name <b>Holly Alves</b>			
Street Address <b>8 Alta Vista Dr</b>		Street Address <b>265 Balsam Lane</b>			
City <b>Princeton</b>	State <b>NJ</b>	Zip <b>08540</b>	City <b>Waterbury Center</b>	State <b>Vermont</b>	Zip <b>05677</b>
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.					
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 <b>Jones Toland</b>				Date <b>11/4/21</b>	
Signature of Authorized Person <b>Jones Toland</b>					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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