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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company			
1335503	Elm Proper	rtips, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
236118	0 1 601-1	a (.l. (:		
5. State of Formation	Keal Estat	e Construction	$\mathcal{O}\mathcal{N}$.	
RI				
6. Principal Office Address		City 11	State Zip	
420 Mowr	y 5t.	Harrisville	RI 02830	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
James Howard, Jr.		Contact Title President		
Street Address 420 Mowry		CHY Harrisville	State RI Zip 02830	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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.				
Name of Authorized Person James 1	Howard, Jr.		Date 11/4/24	
Signature of Authorized Person / Journal J.				

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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY T9Zmx