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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

3021

-> 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 Prop  | erties, LLC     |          | ·                    |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                 |          |                      |  |
| 236118  | Real Estate Construction.   |                 |          |                      |  |
| 5. State of Formation   | Keal 15to   | ite longtructi  | oN.      |                      |  |
| RI  |   |                 |          |                      |  |
| 6. Principal Office Address   | <u> </u>  | City . · 11     | State    | Zip                  |  |
| 420 Mowr  | y 5t.   | Harrisville     | KI       | 02830                |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                 |          |                      |  |
| Contact Name  James H   | Howard, Jr. Contact Title President   |                 |          |                      |  |
| Street Address 420 Mowry  | 6t.   | CHY Harrisville | State RI | <sup>Zip</sup> 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 f  | Howard, Jr.   |                 | Date     |                      |  |
| Signature of Authorized Person Journal J.   |   |                 |          |                      |  |

MAIL TO:

**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: 12/2023