

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 Lin	nited Liability Company			 -		
1335503	Elm Pr	operties, L	-16				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
236118	Real Estate Construction.						
5. State of Formation	Keal Ke	state longt	ructio	on.			
RI							
6. Principal Office Address		City ,	.11	State	Zip		
420 Mowr	y St.	Harris!	11/10	KI	02830		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name James H	loward, Jr. Contact Title President						
Street Address 420 Mowry	6t.	chy Harris	ville	State	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 f	Howard, =	Tr.		Date			
Signature of Authorized Person / Howard 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