

## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 20/8
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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| REC'D RIDOS BSD<br>4 NOV 6 AM11:38:5 |  |

| 1. Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                 |           |           |  |
|---|---|-----------------|-----------|-----------|--|
| 1335503   | Elm Properties, LLC   |                 |           |           |  |
| 3. NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                 |           |           |  |
| 236/18  | 0 1 6000 0 1. 1.  |                 |           |           |  |
| 5. State of Formation   | Real Estate Construction.   |                 |           |           |  |
| RI  |   |                 |           |           |  |
| 6. Principal Office Address   |   | City            | 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  | oward, Jr. Contact Tille President  |                 |           |           |  |
| Street Address 420 Mowry  | 64.   | CHY Harrisville | 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  1   | Howard, Jr.   |                 | Date 11/6 | 124       |  |
| Signature of Authorized Person Journal J.   |   |                 |           |           |  |
| <del></del>   |   | <del></del>     |           |           |  |

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MAIL TO:

**Division of Business Services** 

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