

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

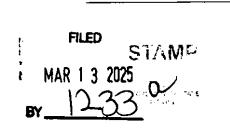
Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



1. Entity ID Number	2. Exact name of the Limited Liability Company			
000798340	HOSPITAL ELM REALTY LLC			
3. NAICS Code . 53 \\\O	Brief description of the character of business conducted in Rhode Island     REAL ESTATE HOLDINGS.			
5. State of Formation				
6. Principal Office Address	•	City	State	Zip
90 ELM STREET		PROVIDENCE	RI	02903
7. Mailing Address of Limited Lia	ability Company and Name or Ti	tle of Contact Person		
Contact Name ROBERT GAUMONT		Contact Title PRESIDENT		
Street Address 90 ELM STREET		<sup>City</sup> PROVIDENCE	State RI	<sup>Zip</sup> 02903
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			Date	2/2-
ROBERT GAUMONT			0/00	103
Signature of Authorized Person				

MAIL TO:

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

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