RI SOS Filing Number: 202571110610 Date: 4/21/2025 4:00:00 PM



State of Rhode Island

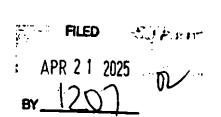
## **Department of State - Business Services Division**

## Annual Report for the year: $\frac{2025}{}$ **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.



| 1. Entity ID Number<br>160859             | 2. Exact name of the Limited Liability Company EMC Associates, LLC                        |                              |                      |                  |
|---|---|------------------------------|----------------------|------------------|
| 3. NAICS Code<br>531120                   | Brief description of the character of business conducted in Rhode Island     Real estate. |                              |                      |                  |
| 5. State of Formation<br>Rhode Island     |   |                              |                      |                  |
| Principal Office Address     Rolfe Square |   | City<br>Cranston             | State<br>RI          | Zip              |
| 7. Mailing Address of Limited             | Liability Company and Name or Title   |                              |                      |                  |
| Contact Name Michael S. Reilly            |   | Contact Title Member         |                      |                  |
| Street Address 21 Rolfe Square            |   | <sup>City</sup> Cranston     | State RI             | Zıp              |
| 8. The Resident Agent inform              | ation currently of record with the RI   | Department of State is accur | ate. Changes require | filing Form 642. |
|   | declare and affirm that I have exam<br>tements contained herein are true                  |                              | g any accompanying   | schedules and    |
| Name of Authorized Person                 |   |                              | Date                 |                  |
| Michael S. Reilly                         |   |                              | 4/18/2025            |                  |
| Signature of Authorized Person            | on  |                              |                      |                  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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