

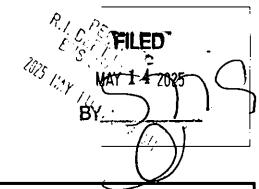
State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 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.



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Entity ID Number	2. Exact name of the Limited Liability Company			
96223	819 Elmwood Avenue, LLC.			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
531390	Real Estate			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zıp
One Wellington Road		Lincoln	RI	02865
7. Mailing Address of Limited L	iability Company and Name or Tit	le of Contact Person	.	
Contact Name Kevin M. Daley		Contact Title Attorney		
Street Address 1383 Warwick Ave		City Warwick	State RI	^{Zip} 02888
8. The Resident Agent informa	ition currently of record with the RI	Department of State is acc	urate. Changes require	e filing Form 642.
	l declare and affirm that I have e ements contained herein are tru		ding any accompany	ing schedules and
Name of Authorized Person			Date	
Leonard Gemma			4/8/25	
Signature of Authorized Perso				,
-				

MAIL TO:

Division of Business Services

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

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