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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
284231	ELMORE DESIGN COLLABORATIVE, INC.		
3. Street Address Principal Business Office	City	State	Zip
68 BRIDGE ST., SUITE 300	SUFFIELD	CT	06078
4. Business Phone No.	5. State of Incorporation		
860 254-5498	CONNECTICUT		
6. Brief Description of the Character of Business Conducted in Rhode Island			
LANDSCAPE ARCHITECTURE			

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
THOMAS J. ELMORE	NONE
Street Address: 615 MATHER ST.	Street Address:
City: SUFFIELD State: CT Zip: 06078	City: State: Zip:
Secretary Name: JANET M. HELMKE-ELMORE	Treasurer Name: THOMAS J. ELMORE
Street Address: 615 MATHER ST.	Street Address: 615 MATHER ST.
City: SUFFIELD State: CT Zip: 06078	City: SUFFIELD State: CT Zip: 06078

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
THOMAS J. ELMORE	JANET M. HELMKE-ELMORE
Street Address: 615 MATHER ST.	Street Address: 615 MATHER ST.
City: SUFFIELD State: CT Zip: 06078	City: SUFFIELD State: CT Zip: 06078
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000	COMMON	NONE	0	N/A	N/A
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

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.

Thomas J. Elmore — *Signature* — 1/25/08 *Date*

THOMAS J. ELMORE
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No. FEB 1 2008
By By
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Form 630 Rev. 12/06