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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 2009

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			
163698	ELM Income Group, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1666 K Street, N.W., Suite 700		Washington	DC	20006
4. Business Phone No.	5. State of Incorporation			
202-775-1606	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Non-Resident Insurance Agency Sales and Service

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

President Name			Vice President Name		
Chris W. O'Flinn			Felix Schirripa		
Street Address			Street Address		
1666 K Street, N.W., Suite 700			5 Richmonde Court		
City	State	Zip	City	State	Zip
Washington	DC	20006	Colts Neck	NJ	07722
Secretary Name			**Treasurer Name**		
Chris W. O'Flinn			Chris W. O'Flinn		
Street Address			Street Address		
1666 K Street, N.W., Suite 700			1666 K Street, N.W., Suite 700		
City	State	Zip	City	State	Zip
Washington	DC	20006	Washington	DC	20006

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

Director Name			Director Name		
Chris W. O'Flinn			Trust FBO Alex O'Flinn		
Street Address			Street Address		
1666 K Street, N.W., Suite 700			8805 Belmart Road		
City	State	Zip	City	State	Zip
Washington	DC	20006	Potomac	MD	20854
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	None

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.

Signature *Date*

CHRISTOPHER W O'FLINN
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No.
FEB 12 2009
By: By 569
FOR SECRETARY OF STATE USE ONLY

30798-8-346874

Form 630 Rev. 08/08