

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3640 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filling Fee: \$50.00 *1	PAILUNE TO FIL	E INIS NEPONI BI M	ARCH 31 WILL RESU	JLI IN A \$25.00 PENA	LITFEE.	
1. Entity ID No.		2. Exact name of the Corporation				
292937	ELBOW	ELBOW LEDGE MANAGEMENT, INC.				
3. Principal office address 210 OLD AIRPORT ROAD			City MIDDLETOWN	State RI	Zip <b>02842</b>	
4. Business Phone No. 401-848-0150			5. State of Incorporation RHODE ISLAND			
Brief description of the character     REAL ESTATE HOLI		conducted in Rhode Island	3		į	
<ul> <li>A section of the sectio</li></ul>						
President Name THOMAS PERKINS			Vice-President Name JEROME R. KIRBY III			
Street Address 210 OLD AIRPORT ROAD			Street Address 210 OLD AIRPORT ROAD			
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip	
Secretary Name NONE			Treasurer Name NONE Street Address			
Street Address		Street Address				
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Director Name NONE			Director Name S			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
S. SELA SES AVIOLOGICAL	- <b> </b>					
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			100	COMMON	NO PAR	
This report must be execute	ed on behalf of the this report mu	corporation by an authorize st be executed on behalf of	ed representative. If the c the corporation by the re	corporation is in the hands eceiver or trustee.	of a receiver or trustee,	



1203

Signature of Authorized Representative

**TURNER C. SCOTT** 

Print or Type Name of Authorized Representative

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Form No. 630 Revised: 01/2012

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