



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 2012

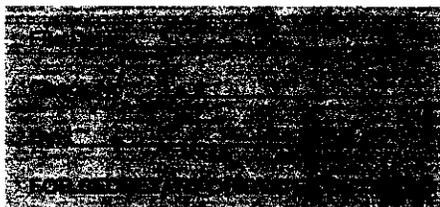
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 292937		2. Exact name of the Corporation ELBOW LEDGE MANAGEMENT, INC.			
3. Principal office address 210 OLD AIRPORT ROAD			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. 401-848-0150		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING CO					
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 02842
Secretary Name NONE			Treasurer Name NONE		
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
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
6. SHARES AUTHORIZED			6. 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

SECRETARIAL DIVISION
CORPORATIONS DIV
12 MAR - 5 PM '12

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.



FILED 1203
MAY 5 2012

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.

Turner C. Scott 2/29/12

Signature of Authorized Representative

Date

TURNER C. SCOTT

Print or Type Name of Authorized Representative

BY SC 165501