



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) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. <u>000524198</u>		2. Exact name of the Corporation <u>Elaine Construction Company Inc</u>			
3. Principal office address <u>1037 Chestnut Street</u>		City <u>Newton Upper Falls</u>	State <u>Mass</u>	Zip <u>02464</u>	
4. Business Phone No. <u>617-332-8400</u>		5. State of Incorporation <u>Massachusetts</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Commercial General Construction</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>LISA B. WEXLER</u>		Vice President Name <u>CFO</u> <u>Thomas E Monroe</u>			
Street Address <u>1037 Chestnut St</u>		Street Address <u>1037 Chestnut St</u>			
City <u>Newton Upper Falls</u>	State <u>Mass</u>	Zip <u>02464</u>	City <u>Newton Upper Falls</u>	State <u>Mass</u>	Zip <u>02464</u>
Secretary Name <u>Kenneth Wexler</u>		Treasurer Name <u>LISA B WEXLER</u>			
Street Address <u>1037 Chestnut St</u>		Street Address <u>1037 Chestnut St</u>			
City <u>Newton Upper Falls</u>	State <u>Mass</u>	Zip <u>02464</u>	City <u>Newton Upper Falls</u>	State <u>Mass</u>	Zip <u>02464</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>LISA B Wexler</u>		Director Name <u>Kenneth WEXLER</u>			
Street Address <u>1037 Chestnut St</u>		Street Address <u>1037 Chestnut St</u>			
City <u>Newton Upper Falls</u>	State <u>Mass</u>	Zip <u>02464</u>	City <u>Newton Upper Falls</u>	State <u>Mass</u>	Zip <u>02464</u>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 <u>1000</u>	CLASS/SERIES <u>CNP</u>	PAR VALUE <u>\$0.00</u>	

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.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 07 2012

By 165051

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 of Authorized Representative

Date

Thomas E. Monroe
Print or Type Name of Authorized Representative

2/8/12

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SECRETARY OF STATE
CORPORATIONS DIV
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