



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

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 CORPORATIONS DIV  
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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

**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.

Thomas E. Monroe 2/8/12  
 Signature of Authorized Representative Date  
Thomas E. Monroe  
 Print or Type Name of Authorized Representative