



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 2013

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>12595</u>		2. Exact name of the Corporation <u>ELLIE REALTY CORP ELLIE REALTY CORP</u>		
3. Principal office address <u>PO BOX 283 CURTIS CORNER</u>		City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02880</u>
4. Business Phone No. <u>401-789-7315</u>		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island <u>Reactor</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>ROBERTA BALLINGER</u>		Vice-President Name		
Street Address <u>PO BOX 283 CURTIS CORNER</u>		Street Address		
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02880</u>	City	State <u>RI</u>
Secretary Name <u>ROBERTA BALLINGER</u>		Treasurer Name		
Street Address <u>PO BOX 283 CURTIS CORNER</u>		Street Address		
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02880</u>	City	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>ROBERTA BALLINGER</u>		Director Name		
Street Address <u>PO BOX 283 CURTIS CORNER</u>		Street Address		
City <u>WAKEFIELD</u>	State <u>RI</u>	Zip <u>02880</u>	City	State <u>RI</u>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State <u>RI</u>
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.				

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

File Date _____

Check No _____

By: _____

JAN 08 2013

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.

Robt A Ballinger 12-28-12
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE BY AMNC ROBERTA BALLINGER
 Print or Type Name of Authorized Representative

CA# 1195