



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.

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|--|--------------------|---|-------------------------|---------------------|
| 1. Entity ID No. 12292 | | 2. Exact name of the Corporation ELAINE ENTERPRISES, INC. | | |
| 3. Principal office address 171 Scituate Avenue | | City Scituate | State RI | Zip 02831 |
| 4. Business Phone No. 401-255-0252 | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island Real Estate Development | | | | |
| President Name Robert B. Domin | | Vice-President Name | | |
| Street Address 171 Scituate Avenue | | Street Address | | |
| City Scituate | State RI | Zip 02831 | City | State |
| Secretary Name Robert B. Domin | | Treasurer Name Robert B. Domin | | |
| Street Address 171 Scituate Avenue | | Street Address 171 Scituate Avenue | | |
| City Scituate | State RI | Zip 02831 | City Scituate | State RI |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) | | | | |
| Director Name None | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. 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. | | 10. SHARES ISSUED (X BOX FOR ATTACHMENT) | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | 300 | Common | None |

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

JAN 30 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.

Robert B. Domin 1-20-13

Signature of Authorized Representative _____ Date _____

Robert B. Domin, President

Print or Type Name of Authorized Representative _____

By *mnc*
CR # 743