



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

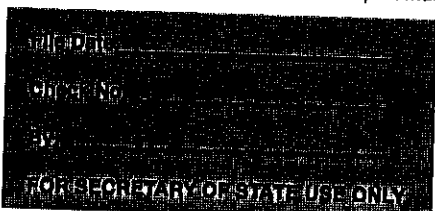
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 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