



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. 10416		2. Exact name of the Corporation ELJ, INC.			
3. Principal office address 703 Metacom Avenue			City Bristol	State RI	Zip 02809
4. Business Phone No. (401) 253-9696		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchase, construct, repair, sell, mortgage, rent and lease real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Theresa A. Francis			Vice-President Name Christopher V. Francis		
Street Address 115 Tupelo St.			Street Address 115 Tupelo St.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Theresa A. Francis			Treasurer Name Kevin M. Francis		
Street Address 115 Tupelo St.			Street Address 115 Tupelo St.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			30	Class A Common	none
			2,970	Class B 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.

File Date _____

FILED
FEB 06 2013

Check No _____

By: _____

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.

BY **3248**

Theresa A. Francis 1/28/13
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Theresa A. Francis, President

Print or Type Name of Authorized Representative