

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.	2. Exact name of	•				
12286	ELAD CONSTRUCTION CO., INC.					
Principal office address P.O. Box 74			City Warren		State RI	Zip 02885
4. Business Phone No. 401-253-6399			5. State of Incorporation Rhode Island			
6. Brief description of the characte To engage in the busine						- 100
7. LISTATE OF BOTHS (NAME)	PERMITARIAN PROPERTY		NAME OF THE PARTY			± - 40/ - 400
President Name Alayne Barnicoat			Vice-President Name Alayne Barnicoat			
Street Address P.O. Box 74			Street Address P.O. Box 74			
City Warren	State RI	Zip 02885	City Warren		State RI	Zip 02885
Secretary Name Alayne Barnicoat			Treasurer Name Alayne Barnicoat			
Street Address P.O. Box 74			Street Address P.O. Box 74			
City Warren	State RI	Zip 02885	City Warren		State RI	Zip 02885
8. LIST <u>A CE</u> DIRECTORS (NAM	S AND ADDRESS	ES) ("X" BOX FOR A	TACHMENT)		1111	震 30
Director Name Alayne Barnicoat			Director Name Dale Lesh			
Street Address P.O. Box 74			Street Address P.O. Box 74			
City Warren	State RI	Zip 02885	City State RI			Zip 02885
Director Name Victoria Drew		•	Director Name lan Drew		, , , , ,	
Street Address 10 Lafayette Street			Street Address 23 S. Atlantic Ave	enue		
City Pawtucket	State RI	Zip 02860			State RI	Zip 02888
9 SHARES AUTHORIZED:		The State of Law	10: SHARES ISSUED (*	X" BOX	FOR ATTACHM	ENT)
			NUMBER OF SHARES	CLASS/SE		PAR VALUE
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.		250	common		no par	
This report must be executed on		ration by an authorized	representative. If the con	poration i	s in the hands of	f a receiver or trustee

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.

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FOR SECRETARY OF STATE USE ONLY BY

FILED

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.

FEB 2 0 2013

Signature Authorized Representative

2//3//_3 Date

Alayne Barnicoat

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012