



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. 504446		2. Exact name of the Corporation ELD Products, Inc.			
3. Principal office address 24 Salt Pond Rd. (Suite G-3)			City Wakefiel	State RI	Zip 02879
4. Business Phone No. 401-782-9222			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Product Sales and Marketing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Eileen O'Connor			Vice-President Name David Po-Chedley		
Street Address 217 Sunnybrook Farm Rd			Street Address 217 Sunnybrook Farm Rd		
City Naragansett	State RI	Zip 02882	City Naragansett	State RI	Zip 02882
Secretary Name Eileen O'Connor			Treasurer Name David Po-Chedley		
Street Address 217 Sunnybrook Farm Rd			Street Address 217 Sunnybrook Farm Rd		
City Naragansett	State RI	Zip 02882	City Naragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David Po-Chedley			Director Name Eileen O'Connor		
Street Address 217 Sunnybrook Farm Rd			Street Address 217 Sunnybrook Farm Rd		
City Naragansett	State RI	Zip 02882	City Naragansett	State RI	Zip 02882
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
			1000	Common	No Par Value

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 26 2013

BY 1127

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.

Signature of Authorized Representative _____ Date **06/24/2013**

David Po-Chedley; Vice President

Print or Type Name of Authorized Representative