



**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 2014**

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. <b>292937</b>		2. Exact name of the Corporation <b>Elbow Ledge Management, Inc.</b>								
3. Principal office address <b>210 Old Airport Road</b>		City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>						
4. Business Phone No. <b>401-848-0150</b>		5. State of Incorporation <b>RI</b>								
6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Holding Company</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>Thomas Perkins</b>			Vice-President Name <b>Jerome R. Kirby, III</b>							
Street Address <b>210 Old Airport Road</b>			Street Address <b>210 Old Airport Road</b>							
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>					
Secretary Name <b>None</b>			Treasurer Name <b>None</b>							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <b>None</b>			Director Name <b>None</b>							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Director Name <b>None</b>			Director Name <b>None</b>							
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		
						100	Common	No par		

*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**

**FEB 18 2014**

By 32161

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.

✓ Thomas Perkins 2/11/14  
 Signature of Authorized Representative Date

✓ THOMAS PERKINS  
 Print or Type Name of Authorized Representative