

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

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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.	1	me of the Corporation				
000144936	Elder Bonum, Inc.					
3. Principal office address 40 Fleetwood Drive			City Saunderstown	State RI	Zip 02874	
4. Business Phone No. (401) 294-0158			5. State of Incorporation Rhode Island			
6. Brief description of the char- Rental Property-one h		s conducted in Rhode Island	d		2014 H	
7. LIST ALL OFFICERS (NAI	MES AND ADDE	RESSES) ("X" BOX FOR A	TTACHMENT)	·, ·	3	35
President Name Christine M. Barden			Vice-President Name James E. Barden, Jr.			
Street Address 40 Fleetwood Drive			Street Address 40 Fleetwood Drive			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip) IG
Secretary Name none			Treasurer Name none			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
B. LIST <u>ALL</u> DIRECTORS (NA Director Name	AMES AND ADD	PRESSES) ("X" BOX FOR	Director Name			t:
Christine M. Barden			James E. Barde	n, Jr.	2014	<u>⇔∂</u>
Street Address 40 Fleetwood Drive			Street Address 40 Fleetwood Drive			
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	ار الاستان ال	RAT
Director Name none			Director Name OC			
Street Address			Street Address			
City	State	Zip	City	State	Zip -J	1
. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)	
This Information is currently of record in the Office of the Secretary of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
See Section 9 of instruction sheet.			none			
This report must be executed		corporation by an authorize st be executed on behalf of			s of a receiver or tru	stee,
File Date	,	FILED	Under penalty of pe	rjury, I declare and affi g any accompanying s nts contained herein a	chedules and state	ements,
Check No		MAR 0 5 2014	Mistin	e M. Bard	en a/2	1/14
FOR SECRETARY OF STAT	Elise OBY	m219074	Signature of Authoriz	red Representative	vden Dai	te
orm No. 630		10'15	Print or Type Name of	of Authorized Represent	ative	

Revised: 01/2012