STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 141600

2. Name of Corporation Ellocin Inc.

3. Street Address Principal Business Office 15 Shore Drive

City Johnston *State* RI *Zip* 02919

4. Business Phone No. 401 734-3375

5. State of Incorporation Rhode Island

6. SIC Code 5583

7. Brief Description of the Character of Business Conducted in Rhode Island
PURCHASE, SALE, DEVELOPMENT AND MANAGEMENT OF RESIDENTIAL AND COMMERCIAL PROPERTY

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Nicolle Barrett
Street Address 15 Shore Drive
City Johnston *State* RI *Zip* 02919

Vice President Name Nicolle Barrett
Street Address 15 Shore Drive
City Johnston *State* RI *Zip* 02919

Secretary Name Nicolle Barrett
Street Address 15 Shore Drive
City Johnston *State* RI *Zip* 02919

Treasurer Name Nicolle Barrett
Street Address 15 Shore Drive
City Johnston *State* RI *Zip* 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	Common	no par

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500	Common	No par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 141600 [redacted]

File Date FILED
Check No. MAR 0 1 2005 5464
By: By
FOR SECRETARY OF STATE USE ONLY

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.

Nicolle H Barrett 2/17/05
Signature of Officer *Date*

Nicolle Barrett
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01