RI SOS Filing Number: 201691175840 Date: 01/22/2016 4:00 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

| LOGOUT |

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

Help with this form

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000064578

2. Name of Corporation ELXSI

3. Street Address Principal Business Office:

No. and Street: 3600 RIO VISTA AVENUE, SUITE A

City or Town: ORLANDO State: FL Zip: 32805 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

6. Brief Description of the Character of Business Conducted in Rhode Island

RESTAURANT MANAGEMENT

ENTERED JAN 0 7 2015

FILED
JAN 2 2 2016
BY 8030

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

☐	VICE PRESIDENT	DAVID M DOOLITTLE	3600 RIO VISTA AVE., STE. A ORLANDO, FL 32805 USA
☐	PRESIDENT	ALEXANDER M MILLEY	3600 RIO VISTA AVENUE, SUITE A ORLANDO, FL 32805- USA

Select From Below ▼ Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

Clear Add

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.0010	6,000,000.00	18,500.00
PNP		$0.0000	4,000,000.00	0.00

9. 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.

Filer's Contact Information
(Enter a contact name, mailing address and email.)
Contact Name:
Business Name:
No. and Street: - Same Address as - ▼

City or Town: State: Zip: Country:
Contact Phone: ext:
Contact Email: Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 7 Day of January, 2016 at 12:02:13 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By David Doolittle
Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

◉ Accept ○ Decline

Click HERE to Submit This Information

Form No. 630
Revised 09/07

Help