



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 2016

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. 12292		2. Exact name of the Corporation ELAINE ENTERPRISES, INC.			
3. Principal office address 171 Scituate Avenue		City Scituate		State RI	Zip 02831
4. Business Phone No. 401-255-0252		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Real Estate Development					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert B. Domin			Vice-President Name		
Street Address 171 Scituate Avenue			Street Address		
City Scituate	State RI	Zip 02831	City	State	Zip
Secretary Name Robert B. Domin			Treasurer Name Robert B. Domin		
Street Address 171 Scituate Avenue			Street Address 171 Scituate Avenue		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			300	Common	None

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

JAN 27 2016

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

Robert B. Domin, President

Print or Type Name of Authorized Representative

Date

1/16/16

BY CR 266234