



**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. <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 KIRBY</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.*

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

FEB 01 2016

KL 34041

Signature of Authorized Representative

Date

*Jerome R Kirby, III*  
 Print or Type Name of Authorized Representative

*1/26/16*