



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. 1657633		2. Exact name of the Corporation The ELEX Group, Inc.			
3. Principal office address 212 Old Marlton Pike		City Medford	State NJ	Zip 08055	
4. Business Phone No. 609-654-1100		5. State of Incorporation NJ			
6. Brief description of the character of business conducted in Rhode Island Equipment Lease Financing					
PRESIDENT					
President Name JoDee B. Pettine			Vice-President Name Marc A. Pettine		
Street Address 6 Braddocks Mill Rd			Street Address 3 Big Chief Trail		
City Medford	State NJ	Zip 08055	City Medford	State NJ	Zip 08055
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
DIRECTORS					
Director Name			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
SHARES ISSUED (SEE INSTRUCTIONS FOR DETAILS)					
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	
		1800	B	without par value	
		200	A	without par value	

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.



FILED

FEB 26 2016

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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

Date

Print or Type Name of Authorized Representative