



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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SECRETARY OF STATE
CORPORATIONS
2016 JUN - 8 AM 11:34

Profit Corporation Annual Report for the year: 2015

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY PER DAY

1. Entity ID Number 000284231		2. Exact name of the Corporation ELMORE DESIGN COLLABORATIVE, INC.	
3. Principal Office Address 615 MATHER STREET		City SUFFIELD	State CT
		Zip 06078	
4. Business Phone Number 860-254-5498		5. State of Incorporation CT	
6. Brief description of the character of business conducted in Rhode Island LANDSCAPE ARCHITECTURE			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name THOMAS J. ELMORE		Vice-President Name NONE	
Street Address 615 MATHER ST.		Street Address	
City SUFFIELD	State CT	City	State
Zip 06078		Zip	
Secretary Name JANET M. HELMKE-ELMORE		Treasurer Name THOMAS J. ELMORE	
Street Address 615 MATHER ST.		Street Address 615 MATHER ST.	
City SUFFIELD	State CT	City SUFFIELD	State CT
Zip 06078		Zip 06078	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name THOMAS J. ELMORE		Director Name JANET M. HELMKE-ELMORE	
Street Address 615 MATHER ST.		Street Address 615 MATHER ST.	
City SUFFIELD	State CT	City SUFFIELD	State CT
Zip 06078		Zip 06078	
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		N/A	N/A
		PAR VALUE	N/A
11. 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.			
Name of Authorized Representative THOMAS J. ELMORE		Date 4/8/2016	
Signature of Authorized Representative <i>Thomas J. Elmore</i>		SIGN DOCUMENT HERE	
		11:35 AM	

FILED

JUN 08 2016

By 276158

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