



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 12292		2. Exact name of the Corporation ELAINE ENTERPRISES, INC.			
3. Principal Office Address 171 Scituate Avenue			City Scituate	State RI	Zip 02831
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island Real Estate Development			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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)					Check the box to indicate an attachment <input type="checkbox"/>
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE None
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 Robert B. Domin				Date FEB 13 2017	
Signature of Authorized Representative <i>Robert B. Domin</i>				BY <u>14345</u> <i>eg</i>	

MAIL TO:
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 Website: www.sos.ri.gov