



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

Annual Report for the year: 2019
Corporation

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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 10416		2. Exact name of the Corporation ELJ, INC.			
3. Principal Office Address 703 Metacom Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 531900		6. Brief description of the character of business conducted in Rhode Island Purchase, construct, repair, sell, mortgage, rent and lease real estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Theresa A. Francis			Vice-President Name Christopher V. Francis		
Street Address 115 Tupelo Street			Street Address 115 Tupelo Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Theresa A. Francis			Treasurer Name Kevin M. Francis		
Street Address 115 Tupelo Street			Street Address 115 Tupelo Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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			10. Shares Issued Check the 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
			30		Class A Common
			2970		Class B Common
			PAR VALUE		
			none		
			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 Theresa A. Francis, President <i>THERESA A. FRANCIS</i>					Date 1/29/19
Signature of Authorized Representative <i>Theresa A. Francis</i> SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FEB 04 2019

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