



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

FILED

Annual Report for the year: 2020
Corporation

FEB 18 2020

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

BY 1020

1. Entity ID Number 12292		2. Exact name of the Corporation ELAINE ENTERPRISES, INC.			
3. Principal Office Address 100 TIPPING ROCK DRIVE		City EAST GREENWICH		State RI	Zip 02818
4. NAICS Code 236117		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 3310 South Ocean Blvd., Unit 429D			Street Address		
City Highland Beach	State FL	Zip 33487	City	State	Zip
Secretary Name Robert B. Domin			Treasurer Name Robert B. Domin		
Street Address 3310 South Ocean Blvd., Unit 429D			Street Address 3310 South Ocean Blvd., Unit 429D		
City Highland Beach	State FL	Zip 33487	City Highland Beach	State FL	Zip 33487
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	PAR VALUE
		300		Common	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. <i>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.</i>					
Name of Authorized Representative Robert B. Domin				Date 1/3/2020	
Signature of Authorized Representative				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