



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

STAMP

FEB 22 2021

BY

1. Entity ID Number 292937		2. Exact name of the Corporation Elbow Ledge Management, Inc.			
3. Principal Office Address 210 Old Airport Road			City Middletown	State RI	Zip 02842
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Thomas Perkins			Vice-President Name Jerome Kirby		
Street Address 210 Old Airport Road			Street Address 210 Old Airport Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	NO PAR	
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 PERKINS					Date 2/11/21
Signature of Authorized Representative THOMAS PERKINS					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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