



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

FILED

Annual Report for the year: **2021**
Corporation

FEB 22 2021BY 1300

→ 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 1682989 | | 2. Exact name of the Corporation ELIS CONSTRUCTION, INC. | | | |
| 3. Principal Office Address 86 BLOODGOOD ST. | | City PAWTUCKET | | State RI | Zip 02861 |
| 4. NAICS Code 238160 | 6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL CONSTRUCTION | | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name HENRY SALGUERO | | | Vice-President Name | | |
| Street Address 86 BLOODGOOD ST. | | | Street Address | | |
| City PAWTUCKET | State RI | Zip 02861 | City | State | Zip |
| 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 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 | | CLASS/SERIES | |
| | | 100 | | 0.01 | |
| | | | | | |
| 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 HENRY SALGUERO | | | | Date 02/14/2021 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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