State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 26 2021

BY

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.

1. Entity ID Number	2. Exact name of the Corporation
10416	**ELJ, INC.**

3. Principal Office Address	City	State	Zip
703 Metacom Avenue	**Bristol**	**RI**	**02809**

4. NAICS Code	6. Bnef descnption of the character of business conducted in Rhode Island
53190	**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 ☐

President Name	Vice-President Name
Theresa A. Francis	**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 ☐

Director Name	Director Name
None	
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 ☐		
This Information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES: 3,000	CLASS/SERIES	PAR VALUE: -0-

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	Date
Theresa A. Francis, President	2/12/21

Signature of Authorized Representative: Theresa A. Francis

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov