



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 000019910		2. Exact name of the Corporation Elkin Investments, Inc				2023 MAR 21 AM 11:05										
3. Principal Office Address 21 Sabin St			City Pawtucket		State RI	Zip 02860										
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Renting commercial 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 Dorothy Elkin				Vice-President Name none												
Street Address 21 Sabin St				Street Address												
City Pawtucket		State RI		Zip 02860												
Secretary Name Dorothy Elkin				Treasurer Name Dorothy Elkin												
Street Address 21 Sabin St				Street Address 21 Sabin St												
City Pawtucket		State		Zip 02860		City Pawtucket										
		State RI				Zip 02860										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>																
Director Name Dorothy Elkin				Director Name none												
Street Address 21 Sabin St				Street Address												
City Pawtucket		State RI		Zip 02860												
Director Name none				Director Name none												
Street Address				Street Address												
City		State		Zip		City										
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"/>												
				<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>C. ASS/SFRIFS</th> <th>PAR VAL U/F</th> </tr> </thead> <tbody> <tr> <td>2,550</td> <td>COMMON</td> <td>No par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	C. ASS/SFRIFS	PAR VAL U/F	2,550	COMMON	No par value			
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2,550	COMMON	No par value														
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 Dorothy Elkin						Date 01/26/2023										
Signature of Authorized Representative <i>Dorothy Elkin</i>																

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

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 MAR 27 2023
 BY AwbBe

FORM 630 - Revised: 11/2021