



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2018

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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 CLERK OF STATE  
 BUSINESS SERVICES

1. Entity ID Number 000019910		2. Exact name of the Corporation Elkin Investments, Inc		2023 MAR 27 11:02:00 AM	
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Dorothy Elkin		Vice-President Name none			
Street Address 21 Sabin St		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Dorothy Elkin		Director Name none			
Street Address 21 Sabin St		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name none		Director Name none			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		C. ASS/SF RI-S	PAR VALUE
		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. <b>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.</b>					
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 1102

MAR 27 2023

BY *AmB*

FORM 630 - Revised: 11/2021