



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2016

## 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  
 RI DEPT. OF STATE  
 BUSINESS SERVICES

2023 MAR 27 11:00:00

1. Entity ID Number 000019910		2. Exact name of the Corporation Elkin Investments, Inc	
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	
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	
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	CLASS/SERIES
		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 1100

MAR 27 2023

FORM 630 - Revised: 11/2021