



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2010

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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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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gisele 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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gisele 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 Check the box to indicate an attachment <input type="checkbox"/>					
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/STRIKES		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.					
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 					

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 1655

MAR 27 2023

BY Aw6Be

FORM 630 - Revised: 11/2021