



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2008  
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			
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			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	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 					

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 1053

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BY AwbBe