



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

STAMP

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 FOR SECRETARY OF STATE
 USE ONLY

2023 APR 18 P 12:22

1. Entity ID Number 001708203		2. Exact name of the Corporation Elevator Properties, Inc.			
3. Principal Office Address 1082 Davol Street			City Fall River	State MA	Zip 02720
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island real estate holding			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Kyle F. Seyboth			Vice-President Name		
Street Address 1082 Davol Street			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
Secretary Name Kyle F. Seyboth			Treasurer Name Kyle F. Seyboth		
Street Address 1082 Davol Street			Street Address 1082 Davol Street		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kyle F. Seyboth			Director Name		
Street Address 1082 Davol Street			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
Director Name			Director Name		
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.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100 Common with 0.01 par			
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 Kyle F. Seyboth				Date 4/12/23	
Signature of Authorized Representative					

FILED

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