



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 000292937 | | 2. Exact name of the Corporation Elbow Ledge Management, Inc. | | | | |
| 3. Principal Office Address 210 Old Airport Road | | | City Middletown | State RI | Zip 02842 | |
| 4. NAICS Code 531390 | | 6. Brief description of the character of business conducted in Rhode Island Real Estate Holding Company | | | | |
| 5. State of Incorporation RI | | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | |
| President Name Thomas Perkins | | | Vice-President Name Jerome R. Kirby, III | | | |
| Street Address 210 Old Airport Road | | | Street Address 210 Old Airport Road | | | |
| City Middletown | State RI | Zip 02842 | City Middletown | State RI | Zip 02842 | |
| Secretary Name | | | Treasurer Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. Shares Authorized | | 10. Shares Issued | | | | 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. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE | |
| | | 100 | | Common Shares | no par value 1.01 | |
| 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 Jerome R. Kirby, III | | | | | Date 1/17/24 | |
| Signature of Authorized Representative | | | | | FILED 351 | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 1457