



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 MAR -8 A 8:57

1. Entity ID Number 292937		2. Exact name of the Corporation Elbow Ledge Management, Inc.			
3. Principal Office Address 201 Old Airport Road			City Middletown	State RI	Zip 02842
4. NAICS Code 531590		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 Kirby		
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	0.01
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 LS 8 V 8 - WVA 8707					Date
Signature of Authorized Representative 					FILED MAR 08 2023 BY 1453 A.A.

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov