



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.

REC'D RIDGERS BSD  
24 JAN 30 PM 3:51:40

1. Entity ID Number <b>000292937</b>		2. Exact name of the Corporation <b>Elbow Ledge Management, Inc.</b>				
3. Principal Office Address <b>210 Old Airport Road</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Holding Company</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Thomas Perkins</b>			Vice-President Name <b>Jerome R. Kirby, III</b>			
Street Address <b>210 Old Airport Road</b>			Street Address <b>210 Old Airport Road</b>			
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	
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	
		<b>100</b>		<b>Common Shares</b>	<del>no par value</del> <b>1.01</b>	
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 <b>Jerome R. Kirby, III</b>					Date <b>1/17/24</b>	
Signature of Authorized Representative 					<b>FILED 351</b>	

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

**JAN 30 2024**  
**BY 1457**