



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 42760		2. Name of Corporation East Coast Laminating Company		
3. Street Address Principal Business Office 36 Meeting Street		City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-729-0920		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Manufacture, buy, sell and deal in plastics and laminates.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Kenneth B. White II		Vice President Name LaVonne K. White		
Street Address 362 Abbott Run Valley Road		Street Address 362 Abbott Run Valley Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name LaVonne K. White		Treasurer Name Kenneth B. White II		
Street Address 362 Abbott Run Valley Road		Street Address 362 Abbott Run Valley Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Kenneth B. White II		Director Name		
Street Address 362 Abbott Run Valley Road		Street Address		
City Cumberland	State RI	Zip 02864	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 Comm No Par Val			250	Common
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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.

File Date	<b>FILED</b>
Check No.	FEB 08 2008
By:	By <u>044268</u>
FOR SECRETARY OF STATE USE ONLY	

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.

Kenneth B. White II Pres 1-9-08  
Signature Date

Kenneth B. White II

Print or Type Name

President

Title