



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. 40942		2. Name of Corporation East Coast Electric, Inc.			
3. Street Address Principal Business Office 153 King Ridge Road			City So. Kingstown	State RI	Zip 02879
4. Business Phone No (401) 789 9889		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island electrical					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Petrucci			Vice President Name Kathleen Petrucci		
Street Address 153 King Ridge Rd.			Street Address same		
City S. Kingstown	State RI	Zip 02879	City same	State same	Zip same
Secretary Name Kathleen Petrucci			Treasurer Name David Petrucci		
Street Address same			Street Address same		
City same	State same	Zip same	City same	State same	Zip same
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Petrucci			Director Name Kathleen Petrucci		
Street Address same			Street Address same		
City same	State same	Zip same	City same	State same	Zip same
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 comm	no par value		200	comm	none

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.

Signature: David A. Petrucci Date: 1/30/08

Print or Type Name: David Petrucci
Title: President

File Date: **FILED**

Check No. FEB 1 2008

By: 4524

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