

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 2009

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(e&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation

85367	East Coast Cl	aims Service, Inc.			
3. Street Address Principal Business Office 217 Westcott Road			North Scituate	State RI	2ip 02857
6. Business Phone No. (401) 647-2498 5. State of Incorporation Rhode Island					
6. Brief Description of the Character The investigation and adjus			rs.		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Jeffrey Harnish			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Jeffrey Harnish		
Street Address 217 Westcott Road			Street Address 217 Westcott Road		
շար North Scituate	State RI	<sup>Zij</sup> , <b>028</b> 57	City North Scituate	State RI	7.ip 02857
Secretary Name Jeffrey Harnish			Treasurer Name Jeffrey Harnish		
Street Address 217 Westcott Road			Street Address 217 Westcott Road		
City North Scituate	State RI	<sup>Zip</sup> 02857	City North Scituate	State RI	<sup>Zip</sup> 02857
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			*ACHMENT)		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
CHY	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1000	Common	No Par
This report must be executed this report must be executed				orporation is in the hand	ls of a receiver or truste

File Date	FILED				
Check No	MAR 0.5 2009				
By 322					
F	OR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm	that I have examined this report,
including any accompanying/schedules and s	tatements, and that all statements
contained herein are true and correct.	
Down France	3/4/09
Signature	Date
Jeffrey Harnish	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08