

1. Corporate ID No. 535676

2. Name of Corporation

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

401.222.3040

East Coast Artisans, Inc.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.

3. Street Address Principal Business Office			City	State RI	02859
78 North Main Street		Pascoag		02033	
4. Business Phone No. 5. State of Incorp.		5. State of Incorporation	-		<b>ķ</b>
(401) 568-0357 Rhode Island					
5. Brief Description of the Character	of Business Conducted in	Rhode Island			
Graphic art serv NAMES AND ADDRESSES	ices OF THE OFFICERS	6: ("X" BOX FOR ATTAC		PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Margaret A. Desjarlais			Norman Desjarlais		
Street Address			Street Address		
78 North Main Street			78 North Main Street		
Tuy Pascoag	State RI	02859	Pascoag	State RI	02859
Secretary Name			Treasurer Name		
Aaron Desjarlais			Mathew J. Desjarlais		
Street Address			Street Address		
78 North Main Street			78 North Main Street		
City	State	Zip	City	State	Zip
Pascoag	RI	02859	Pascoag	RI RI	02859
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			Director Name		
Margaret A. Desjarlais					
Street Address			Street Address		
78 North Main Sti	reet				
City	State	Zip	City	State	<sup>Zip</sup> ≥ _Q;
Pascoag	RI	02859			
Director Name			Director Name		THE PROPERTY.
Street Address			Street Address		25
City	State	Zip	City	State	24 € CC C
9. SHARES AUTHORIZED		l	10. SHARES ISSUED	("X" BOX FOR ATTAC	G - (7)
100			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par <del>Val</del> ue
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.					
			100	common	no par
			1 If the o	arragation is in the hand	de of a receiver or trustee
This report must be execute	d on behalf of the c	orporation by an authoriz	ed representative. If the c	orporation is in the natio	is of a receiver of frustee,
this report must be executed	on behalf of the co	rporation by the receiver	of trustee.		
<del></del>			Under penalty of p	perjury, I declare and affirm	that I have examined this report
					tatements, and that all statement
	1)		contained herein a	ire true and correct.	
File Date			71/cu	2011 E/-1)	Cyclan 1-21
			Signature	(	7 Date
Check No. FEB 25	2011	_ [	Margaret A	A. Desjarlais (	/
	88		Print or Type Name		
	<u> </u>		President		
BY	TATE USE ONLY				
TOR SECRETARI OF			Title		Form 630 Rev. 08/08