



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 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.

1. Corporate ID No. 535676		2. Name of Corporation East Coast Artisans, Inc.			
3. Street Address Principal Business Office 78 North Main Street			City Pascoag	State RI	Zip 02859
4. Business Phone No. (401) 568-0357		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Graphic art services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Margaret A. Desjarlais			Vice President Name Norman Desjarlais		
Street Address 78 North Main Street			Street Address 78 North Main Street		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Aaron Desjarlais			Treasurer Name Mathew J. Desjarlais		
Street Address 78 North Main Street			Street Address 78 North Main Street		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Margaret A. Desjarlais			Director Name		
Street Address 78 North Main Street			Street Address		
City Pascoag	State RI	Zip 02859	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100			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 100	Class/Series common	Par Value no par

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>FILED</b>	
File Date	FEB 25 2011
Check No.	CH# 1688
By	
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.

Margaret A. Desjarlais 1-21-11  
Signature Date  
Margaret A. Desjarlais  
Print or Type Name  
President  
Title