



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 02904-261
401.222.304

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. 39062	2. Name of Corporation EAST COAST LANDSCAPING & CONSTRUCTION, INC.		
3. Street Address Principal Business Office 202 CHASE ROAD	City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. (401) 683-5656	5. State of Incorporation RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
EXCAVATION, CONSTRUCTION, LANDSCAPING

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name KURT S. POULTON	Vice President Name MAX ESSERY
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Street Address 202 CHASE ROAD	Street Address 202 CHASE ROAD				
City PORTSMOUTH	City PORTSMOUTH	State RI	State RI	Zip 02871	Zip 02871

Secretary Name WILLIAM E. REED	Treasurer Name WILLIAM E. REED
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Street Address 202 CHASE ROAD	Street Address 202 CHASE ROAD				
City PORTSMOUTH	City PORTSMOUTH	State RI	State RI	Zip 02871	Zip 02871

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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SHARES AUTHORIZED
1200 NO PAR VALUE

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	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.

FILED

File Date	OCT 04 2011
Check No.	By <u>MNC</u>
	18987
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.

Signature	Date
<u>Kurt Poulton</u>	9/26/11
Print or Type Name	
President	
Title	