



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 36101		2. Exact name of the Corporation East Coast Realty			
3. Principal office address 36 Mary Elizabeth Drive		City Scituate	State RI	Zip 02857	
4. Business Phone No. 401-934-1514		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Rental Properties					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sante Rocchio			Vice-President Name Frank Rocchio		
Street Address Same as above			Street Address 129 Village Avenue		
City 	State 	Zip 	City Cranston	State RI	Zip
Secretary Name Robert Rocchio			Treasurer Name 		
Street Address 121 Wayland Trail			Street Address 		
City Narragansett	State RI	Zip 02882	City 	State 	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name 			Director Name 		
Street Address 			Street Address 		
City 	State 	Zip 	City 	State 	Zip
Director Name 			Director Name 		
Street Address 			Street Address 		
City 	State 	Zip 	City 	State 	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			200		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.

File Date _____

FILED

Check No _____ **APR 02 2012**

By: **BY [Signature] 16842**

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] **4/2/12**
Signature of Authorized Representative Date

Robert Rocchio
Print or Type Name of Authorized Representative