



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 2013

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. 41787		2. Exact name of the Corporation East Coast Auto Repairs, Inc.						
3. Principal office address 2207 Hartford Avenue		City Johnston	State R.I.	Zip 02919				
4. Business Phone No. 401-232-1420		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Motor Vehicle Repairs								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>								
President Name John S. Reis Sr.			Vice-President Name John S. Reis Sr.					
Street Address 12 John Street			Street Address 12 John Street					
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828			
Secretary Name Carol Corriveau			Treasurer Name John S. Reis Sr					
Street Address 497 Snake Hill Road			Street Address 12 John Street					
City North Scituate	State R.I.	Zip 02857	City Greenville	State R.I.	Zip 02828			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>								
Director Name John S Reis Sr			Director Name					
Street Address 12 John Street			Street Address					
City Greenville	State R.I.	Zip 02828	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	Common	No Par Value

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: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 15 2013

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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.

John S Reis Sr
Signature of Authorized Representative

Date

John S Reis Sr

Print or Type Name of Authorized Representative