



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 02904-2631
401.222.3034

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 161077	2. Name of Corporation East Coast Recovery, Inc.
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3. Street Address Principal Business Office 262 Broadway	City Pawtucket	State RI	Zip 02860
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4. Business Phone No. 401-724-8180	5. State of Incorporation Rhode Island
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5. Brief Description of the Character of Business Conducted in Rhode Island
To transport vehicles via drive-away, tow-away throughout the state of Rhode Island

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

President Name Jamie S. Turmel	Vice President Name Jamie S. Turmel
Street Address 262 Broadway	Street Address 262 Broadway
City Pawtucket	City Pawtucket
State RI	State RI
Zip 02860	Zip 02860

Secretary Name Olivia Martins	Treasurer Name Jamie S. Turmel
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Street Address 108 Anthony Avenue	Street Address 262 Broadway
City Pawtucket	City Pawtucket
State RI	State RI
Zip 02860	Zip 02860

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

Director Name Jamie S. Turmel	Director Name None
Street Address 262 Broadway	Street Address
City Pawtucket	City
State RI	State
Zip 02860	Zip

Director Name None	Director Name None
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. SHARES AUTHORIZED **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	100	Common	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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 21 2013
9578

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 _____
Jamie S. Turmel
Print or Type Name
President
Title