



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