



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. 115831		2. Exact name of the Corporation EAST COAST CLEANING, INC.			
3. Principal office address 10 WEST STREET			City WARREN	State RI	Zip 02885
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY AND ALL LAWFUL BUSINESS ACTIVITY AND TO ENGAGE IN CLEANING AND MAINTENANCE SERVICES.					
President Name DOUGLAS JAHNKE			Vice-President Name DOUGLAS JAHNKE		
Street Address 10 WEST STREET			Street Address 10 WEST STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name DOUGLAS JAHNKE			Treasurer Name DOUGLAS JAHNKE		
Street Address 10 WEST STREET			Street Address 10 WEST STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DOUGLAS JAHNKE			Director Name		
Street Address 10 WEST STREET			Street Address		
City WARREN	State RI	Zip 02885	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
			1,500	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 28 2013
 5804

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 of Authorized Representative: Douglas Jahnke
 Date: 1/7/13
 Print or Type Name of Authorized Representative: **DOUGLAS JAHNKE**