

Amended



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 2014-14

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. 93499		2. Exact name of the Corporation Coastal Financial Planning, Inc.		
3. Principal office address 640 George Wash. Hwy./St 103		City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-727-8151		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Financial Planning services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Angela M. Thomson		Vice-President Name NA		
Street Address PO Box 22013		Street Address		
City Lincoln	State RI	Zip 02865	City	State
Secretary Name NA		Treasurer Name N/A		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Angela M. Thomson		Director Name		
Street Address PO Box 22013		Street Address		
City Lincoln	State RI	Zip 02865	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 8000	CLASS/SERIES 71-	PAR VALUE 8000

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

FEB 06 2014

By:

A.A. 11:28 AM

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.

Angela M. Thomson 2/4/2014
 Signature of Authorized Representative Date

Angela M. Thomson
 Print or Type Name of Authorized Representative