



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

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. 148183		2. Exact name of the Corporation E C RESTORATION, INC.			
3. Principal office address 155 BURBANK DRIVE			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-732-9171		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WALTER MARTI			Vice-President Name WALTER MARTI		
Street Address 155 BURBANK DRIVE			Street Address 155 BURBANK DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name WALTER MARTI			Treasurer Name WALTER MARTI		
Street Address 155 BURBANK DRIVE			Street Address 155 BURBANK DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1000	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
 MAR 10 2014
 3378

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] 3-7-2014
 Signature of Authorized Representative Date
WALTER MARTI
 Print or Type Name of Authorized Representative