



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 100491		2. Exact name of the limited liability company East Coast Investments, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Daily Trading, The Trading of Commodities			
5. Principal office address 1705 Broad Street		City Cranston	State RI	Zip 02905	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Geoffrey M. Tapper		Contact Title Manager			
Street Address 1705 Broad Street		City Cranston	State RI	Zip 02905	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Geoffrey M. Tapper		Manager Name NONE			
Street Address 1705 Broad Street		Street Address			
City Cranston	State RI	Zip 02905	City	State	Zip
Manager Name NONE		Manager Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 SEP 23 PM 1:45

FILED
 SEP 23 2014
 By 232849
 A.A.

File Date _____
 Check No _____
 By: _____
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.

Geoffrey M. Tapper 9-9-14
 Signature of Authorized Person Date

Geoffrey M. Tapper, Manager
 Print or Type Name of Authorized Person