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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 2015

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. 36101	2. Exact name of the Corporation EASTCOAST REALTY, INC		
3. Principal office address 36 MARY ELIZABETH DRIVE	City NORTH SCITUATE	State RI	Zip 02857
4. Business Phone No. 401-934-1514	5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RENTAL PROPERTIES			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name SANTE ROCCHIO			Vice-President Name FRANK ROCCHIO		
Street Address SAME AS ABOVE			Street Address 129 VILLAGE AVENUE		
City	State	Zip	City CRANSTON	State RI	Zip
Secretary Name ROBERT ROCCHIO			Treasurer Name		
Street Address 29 JOHN STREET			Street Address		
City SOUTH KINGSTOWN	State RI	Zip 02879	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			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

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SECRETARY OF STATE CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200		NONE

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
FILED
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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.

Robert Rocchio 6/2/15
Signature of Authorized Representative Date

ROBERT ROCCHIO
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
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