



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. 42760		2. Exact name of the Corporation EAST COAST LAMINATING COMPANY			
3. Principal office address 36 Meeting Street		City Cumberland	State RI	Zip 02864	
4. Business Phone No. 401-729-0920		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture, buy, sell and deal in plastics and laminates					
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Kenneth B. White II			Vice-President Name LaVonne K. White		
Street Address 362 Abbott Run Valley Road			Street Address 362 Abbott Run Valley Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name LaVonne K. White			Treasurer Name Kenneth B. White II		
Street Address 362 Abbott Run Valley Road			Street Address 362 Abbott Run Valley Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Kenneth B. White II			Director Name LaVonne K. White		
Street Address 362 Abbott Run Valley Road			Street Address 362 Abbott Run Valley Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			250	Common	No par value

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
AUG 03 2015
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.
BY 13835 Kenneth B. White II Signature of Authorized Representative Date _____
Kenneth B. White II
Print or Type Name of Authorized Representative