



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000119974

2. Name of Corporation East Coast Benefit Plans, Inc.

3. Street Address Principal Business Office:

No. and Street: 2 COMMERCIAL STREET, STE. 101

City or Town: SHARON

State: MA Zip: 02067 Country: USA

4. Business Phone No.

781-461-8070

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

SELL INSURANCE, LIFE, ACCIDENT AND HEALTH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SHAUN T DOLAN	21 ADAMS STREET MEDFIELD, MA 02052 USA
VICE PRESIDENT	PATRICK C GRIFFIN	565 WOLCOTT AVENUE MIDDLETOWN, RI 02842 USA

8. Shares Authorized and Issued

				Total Issued
--	--	--	--	--------------

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	and Outstanding <i>Num of Shares</i>
CWP	A	\$0.0010	199,990.00	0
CWP	B	\$0.0010	10.00	0

9. 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.

Signed this 11 Day of February, 2016 at 11:15:53 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By PATRICK GRIFFIN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved