



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. 141643		2. Name of Corporation East Coast Payroll Services, Inc.			
3. Street Address Principal Business Office 1705 Broad Street			City Cranston	State RI	Zip 02905
4. Business Phone No. (401) 461-1538		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE, CREATE, ADMINISTER, ANALYZE AND FORMULATE PAYROLL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kristen M. Nappi			Vice President Name NONE		
Street Address 1705 Broad Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name Kristen M. Nappi			Treasurer Name Kristen M. Nappi		
Street Address 1705 Broad Street			Street Address 1705 Broad Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kristen M. Nappi			Director Name NONE		
Street Address 1705 Broad Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100	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  
FEB 18 2016  
By 267937  
A.A.

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: Kristen M. Nappi Date: 2.10.16

Print or Type Name: Kristen M. Nappi

Title: President