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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 2016

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.	2. Exact name of the Corporation
102053	EAST COAST MARKETING GROUP INC

3. Principal office address	City	State	Zip
16 CHAPEL STREET UNIT B	NEWPORT	RI	02840

4. Business Phone No.	5. State of Incorporation
401-846-9863	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
MEDIA PROCUREMENT

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

President Name	Street Address	City	State	Zip
JOHN F TOUHEY	12 GOMES ROAD	PORTSMOUTH	RI	02871

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
FELICIA S TOUHEY	12 GOMES ROAD	PORTSMOUTH	RI	02871

Treasurer Name	Street Address	City	State	Zip
JOHN F TOUHEY	12 GOMES ROAD	PORTSMOUTH	RI	02871

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

Director Name	Street Address	City	State	Zip
JOHN F TOUHEY	12 GOMES ROAD	PORTSMOUTH	RI	02871

Director Name	Street Address	City	State	Zip
FELICIA S TOUHEY	12 GOMES ROAD	PORTSMOUTH	RI	02871

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	COMMON	NO PAR

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
MAR 09 2016
BY 300

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.

02/29/2016
Signature of Authorized Representative — Date

MICHAEL J IANNOLI JR CPA
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
133724-15-1114961