



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. 000020541		2. Exact name of the Corporation EAST COAST LIGHTING & PRODUCTION SERVICES, INC.			
3. Principal office address 1300 JEFFERSON BOULEVARD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-467-8780		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island EVENT LIGHTING SERVICES					
LIST ALL OFFICERS (NAME AND ADDRESSES) (X/ Y BOX FOR ATTACHMENT)					
President Name ROBERT E. MORRISSEY			Vice-President Name NONE		
Street Address 17 BEVERLY LANE			Street Address		
City RICHMOND	State RI	Zip 02898	City	State	Zip
Secretary Name ROBERT E. MORRISSEY			Treasurer Name ROBERT E. MORRISSEY		
Street Address 17 BEVERLY LANE			Street Address 17 BEVERLY LANE		
City RICHMOND	State RI	Zip 02898	City RICHMOND	State RI	Zip 02898
LIST ALL DIRECTORS (NAME AND ADDRESSES) (X/ Y BOX FOR ATTACHMENT)					
Director Name NONE			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
9. SHARES AUTHORIZED			10. SHARES ISSUED (X/ Y 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
			80	Common/Nonvoting	None
			10	Common/Voting	None

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 CORPORATIONS DIV
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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

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 of Authorized Representative _____ Date **03-29-16**
ROBERT E. MORRISSEY
 Print or Type Name of Authorized Representative

FILED

APR 01 2016

By 271549
A.A.