



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

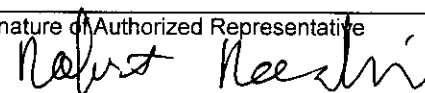
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Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2016 MAY 18 PM 12:00

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID Number 36101		2. Exact name of the Corporation East Coast Realty, Inc			
3. Principal Office Address 36 Mary Elizabeth Drive		City North Scituate	State RI	Zip 02857	
4. Business Phone Number 401-934-1514		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Rental Properties					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Sante Rocchio			Vice-President Name Frank Rocchio		
Street Address Same as above			Street Address 129 Village Avenue		
City 	State 	Zip 	City Cranston	State RI	Zip
Secretary Name Robert Rocchio			Treasurer Name 		
Street Address 29 John Street			Street Address 		
City South Kingstown	State RI	Zip 02879	City 	State 	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name 			Director Name 		
Street Address 			Street Address 		
City 	State 	Zip 	City 	State 	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check box to indicate an attachment ☐		
			NUMBER OF SHARES 200	CLASS/SERIES 	PAR VALUE none
11. 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. 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.					
Name of Authorized Representative Robert Rocchio				Date 5-18-16	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

12:00 pm
FILED
MAY 18 2016
By 274593
KM