RI SOS Filing Number: 201699087550 Date: 05/18/2016 4:00 PM

RECEIVED
2016 MAY 18 PM 12:01
SECRETARY OF STATE
CORPORATIONS DIV.

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation		
36101	**East Coast Realty, Inc**		
3. Principal Office Address	City	State	Zip
36 Mary Elizabeth Drive	**North Scituate**	**RI**	**02857**
4. Business Phone Number	5. State of Incorporation		
401-934-1514	**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	10. Shares Issued — Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	**200**		**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	Date
Robert Rocchio	**5-18-16**

Signature of Authorized Representative: Robert Rocchio SIGN DOCUMENT HERE

12:00 pm
FILED
MAY 18 2016
By 274593
KM

Form No. 630
Revised: 2016
137064-3-1119951