



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

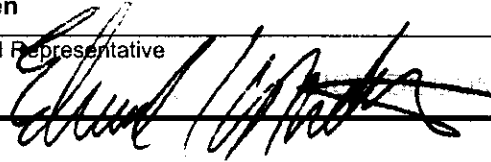
**Annual Report for the year: 2016**

**Corporation**

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000638787</b>		2. Exact name of the Corporation <b>ECM Management Corp.</b>			
3. Principal Office Address <b>543 Kelley Blvd. Right</b>		City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	
4. Business Phone Number <b>508-316-0322</b>		5. State of Incorporation <b>Louisiana</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Consulting Management</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Edward C. Mikkelsen</b>			Vice-President Name		
Street Address <b>1 Russo Court</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>275,000</b>	<b>CNP</b>	<b>0.00</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Edward C. Mikkelsen</b>				Date <b>7/15/2016</b>	
Signature of Authorized Representative 					

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FILED**

**JUL 21 2016**

BY

**19017**

FORM 630 - Revised: 05/2016