



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
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**Annual Report for the year:** 2016  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>858923</b>		2. Exact name of the Limited Liability Company <b>EAST COAST CONSTRUCTION LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>CONSTRUCTION</b>			
5. Principal Office Address <b>92 HARVEST DR</b>		City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>ROBERT HARKIN</b>			Contact Title <b>MEMBER</b>		
Street Address <b>92 HARVEST DR</b>		City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
<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 Person <b>ROBERT HARKIN</b>				Date	
Signature of Authorized Person <i>Robert A. Harkin</i>		SIGN DOCUMENT HERE			

**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**  
 AUG 12 2016  
 By 281212  
 A.A. 10:35 A.M.