



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

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R.I. DEPT. OF STATE  
BUSINESS DIV

2016 OCT 21 PM 2:45

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>100491</b>		2. Exact name of the limited liability company <b>East Coast Investments, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Daily Trading, The Trading of Commodities</b>			
5. Principal office address <b>1705 Broad Street</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Geoffrey M. Tapper</b>		Contact Title <b>Manager</b>			
Street Address <b>1705 Broad Street</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Manager Name <b>Geoffrey M. Tapper</b>		Manager Name <b>NONE</b>			
Street Address <b>1705 Broad Street</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Manager Name <b>NONE</b>		Manager Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

OCT 21 2016

By 25510 A.A.

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.

*Geoffrey M. Tapper*  
Signature of Authorized Person

Date

**Geoffrey M. Tapper, Manager**

Print or Type Name of Authorized Person