



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

FILED

JAN 20 2017

002430

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

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

1. Entity ID No. 149482		2. Exact name of the Corporation East Coast Remodeling, Inc.						
3. Principal office address 15 Jennifer Drive		City Johnston	State RI	Zip 02919				
4. Business Phone No. 226-7974		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Building, Construction, Remodeling and improvements of any and all residential, commercial or any other structure								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Steven Hamilton			Vice-President Name Michael Hamilton					
Street Address 15 Jennifer Drive			Street Address 15 Jennifer Drive					
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919			
Secretary Name Michael Hamilton			Treasurer Name Steven Hamilton					
Street Address 15 Jennifer Drive			Street Address 15 Jennifer Drive					
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Steven Hamilton			Director Name					
Street Address 15 Jennifer Drive			Street Address					
City Johnston	State RI	Zip 02919	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						None		

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.

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.

Signature of Authorized Representative

Date

Steven Hamilton

Print or Type Name of Authorized Representative