



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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BUS SVCS DIV

2017 MAR -9 PM 3: 12

1. Entity ID Number 141643		2. Exact name of the Corporation East Coast Payroll Services, Inc.			
3. Principal Office Address 1705 Broad Street			City Cranston	State RI	Zip 02905
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island To operate, create, administer, analyze and formulate payroll services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kristen M. Nappi			Vice-President Name NONE		
Street Address 1705 Broad Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name Kristen M. Nappi			Treasurer Name Kristen M. Nappi		
Street Address 1705 Broad Street			Street Address 1705 Broad Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kristen M. Nappi			Director Name NONE		
Street Address 1705 Broad Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
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 Kristen M. Nappi					Date 2.22.17
Signature of Authorized Representative <i>Kristen M. Nappi</i>					

FILED

MAR 09 2017

BY *cu* 247907MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016