



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

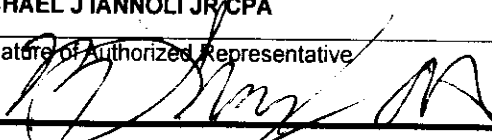
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

| | | | | | |
|---|--------------------|---|--|-------------------------|---------------------|
| 1. Entity ID Number 102053 | | 2. Exact name of the Corporation EAST COAST MARKETING GROUP INC | | | |
| 3. Principal Office Address 16 CHAPEL STREET UNIT B | | City NEWPORT | | State RI | Zip 02840 |
| 4. NAICS Code 54 - Professional, Scientific, and Technical Services | | 6. Brief description of the character of business conducted in Rhode Island MEDIA PROCUREMENT | | | |
| 5. State of Incorporation RI 8/7/1998 | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name JOHN F TOUHEY | | | Vice-President Name NONE | | |
| Street Address 12 GOMES ROAD | | | Street Address | | |
| City PORTSMOUTH | State RI | Zip 02871 | City | State | Zip |
| Secretary Name FELICIA S TOUHEY | | | Treasurer Name JOHN F TOUHEY | | |
| Street Address 12 GOMES ROAD | | | Street Address 12 GOMES ROAD | | |
| City PORTSMOUTH | State RI | Zip 02871 | City PORTSMOUTH | State RI | Zip 02871 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name JOHN F TOUHEY | | | Director Name FELICIA S TOUHEY | | |
| Street Address 12 GOMES ROAD | | | Street Address 12 GOMES ROAD | | |
| City PORTSMOUTH | State RI | Zip 02871 | City PORTSMOUTH | State RI | Zip 02871 |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 | |
| | | | | | |
| 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 MICHAEL J IANNOLI JR CPA | | | | Date 3/6/2017 | |
| 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

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FORM 630 - Revised: 02/2017