



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 1667215		2. Exact name of the Corporation East Coast Maintenance, Inc.			
3. Principal Office Address 454 RICHMOND ST.		City E. TAUWTON	State MA	Zip 02718	
4. NAICS Code 83	6. Brief description of the character of business conducted in Rhode Island Painting				
5. State of Incorporation MA					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
President Name STANISLAW DZIALOWSKI			Vice-President Name		
Street Address 454 RICHMOND ST.			Street Address		
City E. TAUWTON	State MA	Zip 02718	City	State	Zip
Secretary Name KRYSZYNA DZIALOWSKI			Treasurer Name		
Street Address 454 RICHMOND ST.			Street Address		
City E. TAUWTON	State MA	Zip 02718	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
Director Name KRYSZYNA DZIALOWSKI			Director Name		
Street Address 454 RICHMOND ST.			Street Address		
City E. TAUWTON	State MA	Zip 02718	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			0	0	0
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 KRYSZYNA DZIALOWSKI					Date 8-20-17
Signature of Authorized Representative <i>[Signature]</i>					

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 23 2017

BY

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FORM 630 - Revised: 02/2017