



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2017**

2017 DEC 19 AM 9:30

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 000125166		2. Exact name of the Corporation East Coast Motor Sports and Auto Sales, Inc.			
3. Principal Office Address 60 Aster Street		City West Warwick		State RI	Zip 02893
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island To sell, market, repair and service new and used automobiles.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Gillman			Vice-President Name Robert Gillman		
Street Address 9 Petti Street			Street Address 9 Petti Street		
City W Warwick	State RI	Zip 02893	City W Warwick	State RI	Zip 02893
Secretary Name Robert Gillman			Treasurer Name Robert Gillman		
Street Address 9 Petti Street			Street Address 9 Petti Street		
City W Warwick	State RI	Zip 02893	City W Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		CNP	0.00
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. <i>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.</i>					
Name of Authorized Representative Robert Gillman					Date
Signature of Authorized Representative 					FILED

SIGN DOCUMENT HERE

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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