



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 148183		2. Exact name of the Corporation E C Restoration, Inc.			
3. Principal Office Address 155 Burbank Drive			City Warwick	State RI	Zip 02886
4. NAICS Code 23	6. Brief description of the character of business conducted in Rhode Island General contractor				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Walter Marti			Vice-President Name Walter Marti		
Street Address 155 Burbank Drive			Street Address 155 Burbank Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Walter Marti			Treasurer Name Walter Marti		
Street Address 155 Burbank Drive			Street Address 155 Burbank Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/STRIES	PAR VALUE
			1000	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 Walter Marti					Date 2-5-2018
Signature of Authorized Representative					

FILED

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

FEB 08 2018

BY Ydella DS

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