



State of Rhode Island and Providence Plantations

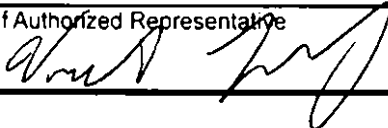
Department of State - Business Services Division

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 42027		2. Exact name of the Corporation ECHO Associates, Inc.			
3. Principal Office Address PO Box 129, 481 Chestnut Hill Road			City Chepachet	State RI	Zip 02814
4. NAICS Code 23-Construction		6. Brief description of the character of business conducted in Rhode Island Construction, Excavation			
5. State of Incorporation RI		23e118			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name			Vice-President Name Vincent E. Lepore, Jr.		
Street Address			Street Address PO Box 129		
City	State	Zip	City Chepachet	State RI	Zip 02814
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Vincent E. Lepore, JR.			Director Name Joan Lepore		
Street Address PO Box 129			Street Address 3B Fairway Drive		
City Chepachet	State RI	Zip 02814	City Smithfield	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 300	CLASS/SERIES parval	PAR VALUE 1.00
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. 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 Vincent E. Lepore, Jr.				Date 02-25-2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

FEB 28 2018
BY 10926 DS

FORM 630 - Revised: 10/2017