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	2. Exact name of the Corporation
42027	ECHO Associates, Inc.

3. Principal Office Address	City	State	Zip
PO Box 129, 481 Chestnut Hill Road	Chepachet	RI	02814

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23-Construction	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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	parval	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	Date
Vincent E. Lepore, Jr.	02-25-2018

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED

FEB 28 2018

BY 10926 DS

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

FORM 630 - Revised: 10/2017