



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.

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SECRETARY OF STATE
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1. Entity ID Number 141643		2. Exact name of the Corporation East Coast Payroll Services, Inc.												
3. Principal Office Address 1705 Broad Street			City Cranston	State RI	Zip 02905									
4 NAICS Code 99999 84-Other Services (except Public)	6. Brief description of the character of business conducted in Rhode Island To operate, create, administer, analyze and formulate payroll services.													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Kristen M. Nappi			Vice-President Name NONE											
Street Address 1705 Broad Street			Street Address											
City Cranston	State RI	Zip 02905	City	State	Zip									
Secretary Name Kristen M. Nappi			Treasurer Name Kristen M. Nappi											
Street Address 1705 Broad Street			Street Address 1705 Broad Street											
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Kristen M. Nappi			Director Name NONE											
Street Address 1705 Broad Street			Street Address											
City Cranston	State RI	Zip 02905	City	State	Zip									
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No Par Value												
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 Kristen M. Nappi				Date 2-21-18										
Signature of Authorized Representative <i>Kristen M. Nappi</i>				FILED SIGN DOCUMENT HERE MAR 12 2018 326387										

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