



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 151044		2. Exact name of the Corporation EAST COAST CONCRETE, INC.			
3. Principal Office Address 505 LOG ROAD		City HARRISVILLE		State RI	Zip 02830
4. NAICS Code 23-CONSTRUCTION	6. Brief description of the character of business conducted in Rhode Island CONCRETE WORK				
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 JOSHUA BRIEN			Vice-President Name KELLY COTNOIR		
Street Address 505 LOG ROAD			Street Address 23 DOLLARD STREET		
City HARRISVILLE	State RI	Zip 02830	City BLACKSTONE	State MA	Zip 01504
Secretary Name JESSICA BRIEN			Treasurer Name		
Street Address 505 LOG ROAD			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 3000	CLASS/SERIES COMMON	PAR VALUE 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 JOSHUA BRIEN			BY FILED		Date 03/11/2018
Signature of Authorized Representative 			FILED		

MAIL TO:

Division of Business Services

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