



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <i>00900797</i>		2. Exact name of the limited liability company <i>EAST COAST PINE CONSULTING, LLC</i>			
3. State of Formation <i>RI</i>		4. Brief description of the character of business conducted in Rhode Island <i>Lifestyle Company # 812199</i>			
5. Principal office address <i>31 Landerdale Drive</i>			City <i>Narragansett</i>	State <i>RI</i>	Zip <i>02882</i>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <i>Christian Legnbuhl</i>			Contact Title <i>Manager</i>		
Street Address <i>31 Landerdale Drive</i>			City <i>Narragansett</i>	State <i>RI</i>	Zip <i>02882</i>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <i>Christian Legnbuhl</i>			Manager Name		
Street Address <i>31 Landerdale Drive</i>			Street Address		
City <i>Narragansett</i>	State <i>RI</i>	Zip <i>02882</i>	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 MAY 23 PM 2:15

FILED *2:17*

MAY 23 2018

BY *[Signature]* *33196*

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Christ Legnbuhl *5-23-18*
 Signature of Authorized Person Date

Christian Legnbuhl
 Print or Type Name of Authorized Person