



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 000870794		2. Exact name of the Corporation East Coast Countertop, Inc.			
3. Principal Office Address 5 Murand Street			City Cranston	State RI	Zip 02920
4. NAICS Code 238350		6. Brief description of the character of business conducted in Rhode Island The company is formed for the purpose of selling, fabricating and installing countertops.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Volpe			Vice-President Name None		
Street Address 5 Murand Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Lisa Ann Volpe			Treasurer Name Lisa Ann Volpe		
Street Address 5 Murand Street			Street Address 5 Murand Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100 Issued		CNP	\$0.00
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 <i>Paul Volpe President</i>					Date 5-25-18
Signature of Authorized Representative <i>Paul Volpe</i> 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

JUN 04 2018
 BY 17388 DS **FILED**
 FORM 630 - Revised: 10/2017