



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 15 2019

BY

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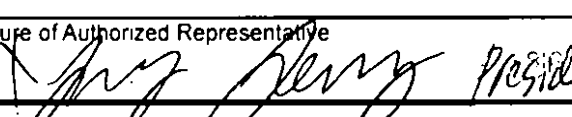
Annual Report for the year: **2019**

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 001687073		2. Exact name of the Corporation Coastline Electric, Inc.			
3. Principal Office Address 35 Hill Drive		City Johnston		State RI	Zip 02919
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Electrical services for residential and commercial			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lucas Lowney			Vice-President Name Lucas Lowney		
Street Address 35 Hill Drive			Street Address 35 Hill Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Lucas Lowney			Treasurer Name Lucas Lowney		
Street Address 35 Hill Drive			Street Address 35 Hill Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lucas Lowney			Director Name None		
Street Address 35 Hill Drive			Street Address		
City Johnston	State RI	Zip 02919	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"/>		
			NUMBER OF SHARES CLASS/STRIKES 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 Lucas Lowney, President					Date 1-23-19
Signature of Authorized Representative  Lucas Lowney, President					

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