



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

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.

FILED STAMP
FEB 27 2019
 BY 11437

1. Entity ID Number 42027		2. Exact name of the Corporation ECHO Associates, Inc.			
3. Principal Office Address PO Box 129, 481 Chestnut Hill Road			City Chepachet	State RI	Zip 02814
4. NAICS Code 23-Construction <i>230118</i>		6. Brief description of the character of business conducted in Rhode Island Construction, Excavation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name Vincent E. Lepore, Jr.		
Street Address			Street Address PO Box 129		
City	State	Zip	City Chepachet	State RI	Zip 02814
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vincent E. Lepore, Jr.			Director Name Joan Lepore		
Street Address PO Box 129			Street Address 3B Fairway Drive		
City Chepachet	State RI	Zip 02814	City Smithfield	State RI	Zip 02917
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
			300		parval
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. <i>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.</i>					
Name of Authorized Representative Vincent E. Lepore, Jr.				Date 02-13-2019	
Signature of Authorized Representative <i>Vincent E. Lepore, Jr.</i> SIGN DOCUMENT HERE					

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