RI SOS Filing	Number: 201	989534540	Date: 3/29/2019 4:00:00) PM	ECRE CORP
State of Rhode Island and Providence Plantations Department of State - Business Services Division					
Annual Report for the year	ar: <u></u>	719		i	1025 ST
→ 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		• •			
	2. Exact name of	r the Corporation R し	2 (((> (>)	0.	
3. Principal Office Address	10/04	7	City	State _	Zip
60 JONATHAN JAY CRANSTON 10 DESEC					
4. NAICS Code	6. Brief description	on of the character	of business conducted in Rhode Is	sland	
5. State of Incorporation	70 -	DRAG	- W RE	ر قی	SIAP
25.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name	\$ 19. 8	•	Vice-President Name		
Marie Address			Street Address		
LAN CAPANOZOS			Cales Contrad Colo		
City	State	Zip	10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip
Secretary Name	1 4 4	10572	Treasurer Name		109757
Street Address			Street Address		
City	State	Ζιρ	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachmen					an attachment 🔲
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
9. Shares Authorized		10 Shares Issue			e an attachment PAR VALUE
Department of State				` <u> </u>	PARVALUE
Changes require an additional filing.					
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 Date					
Marie of Authorized Representative Marie Salar					
Signature of Authorized Representative					
FILED					
MAIL TO: Division of Business Services	Inland 02004 2615		MAR. 2 9 2019	b:09	

148 W River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017