



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 130472
 2. Name of Corporation East Coast Interiors Corp.
 3. Street Address Principal Business Office 17 MINNESOTA AVENUE
 City WARWICK State RI Zip 02888
 4. Business Phone No. 401-384-6870
 5. State of Incorporation RHODE ISLAND
 6. SIC Code
 7. Brief Description of the Character of Business Conducted in Rhode Island
 TO ENGAGE IN THE CARPENTRY AND MILLWORK INSTALLATION BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JAY SMITH	Vice President Name NONE
Street Address 17 MINNESOTA AVENUE	Street Address
City WARWICK State RI Zip 02888	City State Zip
Secretary Name JAY SMITH	Treasurer Name JAY SMITH
Street Address 17 MINNESOTA AVENUE	Street Address 17 MINNESOTA AVENUE
City WARWICK State RI Zip 02888	City WARWICK State RI Zip 02888

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name JAY SMITH	Director Name
Street Address 17 MINNESOTA AVENUE	Street Address
City WARWICK State RI Zip 02888	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000		\$1.00 PAR VALUE	100	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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130472 DBC 02/22/05 09:33:09 AM
 File Date 3/11/05
 Check No. 1570
 By: [Signature]
 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.

[Signature] 3/11/05
 Signature of Officer Date
 JAY SMITH
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer
 Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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1. Corporate ID No. 130472		2. Name of Corporation East Coast Interiors Corp.			
3. Street Address Principal Business Office 435 WARWICK INDUSTRIAL DRIVE			City WARWICK	State RI	Zip 02886
4. Business Phone No 401-		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE CARPENTRY AND MILLWORK INSTALLATION BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAY SMITH			Vice President Name NONE		
Street Address 435 WARWICK INDUSTRIAL DRIVE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name JAY SMITH			Treasurer Name JAY SMITH		
Street Address 435 WARWICK INDUSTRIAL DRIVE			Street Address 435 WARWICK INDUSTRIAL DRIVE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAY SMITH			Director Name		
Street Address 435 WARWICK INDUSTRIAL DRIVE			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	COMMON	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 0 4 7 2

130472 DBC 03/16/04 09:38:09 AM

File Date MAR 16 2004

Check No. By M24270

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.

Jay Smith 3-10-04
Signature of Officer Date
JAY SMITH
Print or Type Name of Officer
PRESIDENT
Title of Officer