| | hode Island Fee: \$50.00 ecretary of State | | | | | | |
|---|--|--|--|--|--|--|--|
| Division Of B 148 W. I Providence D | Susiness Services River Street RI 02904-2615 222-3040 | | | | | | |
| Business Corporation Annual Report Filing Period: February 1 - May 1 | | | | | | | |
| In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. | | | | | | | |
| ANNUAL REPORT YEAR: 2023 | | | | | | | |
| 1. Corporate ID No. 000088540 | | | | | | | |
| 2. Name of Corporation EAST COAST MASONRY AND RESTORATION, INC. | | | | | | | |
| 3. Street Address Principal Business Office: | | | | | | | |
| No. and Street:515 GREENVILLE AVENUECity or Town:JOHNSTONState: RIZip: 02919Country: USA | | | | | | | |
| 4. Business Phone No. | | | | | | | |
| <u>4012320562</u> | | | | | | | |
| 5. State of Incorporation | | | | | | | |
| State: <u>RI</u> | | | | | | | |
| ARTICLE III | | | | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | | | | |
| <u>238140</u> | | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | | | |
| MASONRY RESTORATION AND CONSTRUCTION. | | | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | | | |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete. | | | | | | | |
| Title Individual Name | Address | | | | | | |

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
|---------------|-----------------------------|--|--|
| PRESIDENT | MICHAEL ST. ANGELO | 515 GREENVILLE AVE JOHNSTON, RI 02919 UNI | |
| OTHER OFFICER | MICHAEL A ST ANGELO | 515 GREENVILLE AVE JOHNSTON, RI 02919 | |
| OTHER OFFICER | MICHAEL A ST ANGELO | C/O MICHAEL ST. ANGELO, JR., 515 GREENVILLE AVENUE JOHNSTON, RI 02919 USA | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per | | Total Issued and |
|----------------|-----------------|---------------|----------------------------|-----------------------|
| | | Share | Total Authorized Shares | Outstanding Num of |
| | | | Number of Shares | Shares |
| CNP | | \$0.0000 | 1,000.00 | 200 |

9. 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.

Signed this 17 Day of January, 2023 at 2:57:29 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHAEL A ST. ANGELO

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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