



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
11/03/2023

2023 MAR 14 A 10:51

1. Entity ID Number 141643		2. Exact name of the Corporation East Coast Payroll Services, Inc.										
3. Principal Office Address 615 Jefferson Blvd STE B107		City Warwick	State RI									
		Zip 02886										
4. NAICS Code 99999	6. Brief description of the character of business conducted in Rhode Island To operate, create, administer, analyze and formulate payroll services.											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Kristen M. Lopes		Vice-President Name NONE										
Street Address 615 Jefferson Blvd STE B107		Street Address										
City Warwick	State RI	Zip 02886										
Secretary Name Kristen M. Lopes		Treasurer Name Kristen M. Lopes										
Street Address 615 Jefferson Blvd STE B107		Street Address 615 Jefferson Blvd STE B107										
City Warwick	State RI	Zip 02886										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Kristen M. Lopes		Director Name NONE										
Street Address 615 Jefferson Blvd STE B107		Street Address										
City Warwick	State RI	Zip 02886										
Director Name NONE		Director Name NONE										
Street Address		Street Address										
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	Common	No Par Value										
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 Kristen M. Lopes, President		Date 3.8.2023										
Signature of Authorized Representative 		FILED MAR 14 2023 BY 10:51										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos RI.gov

FORM 630 - Revised: 11/2021