



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.

FILED

MAR 17 2023

BY

7937

KS

1. Entity ID Number 115831		2. Exact name of the Corporation East Coast Cleaning, Inc.			
3. Principal Office Address 10 West Street		City Warren		State RI	Zip 02885
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island To engage in any and all lawful business activity and to engage in cleaning and maintenance services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Douglas Jahnke		Vice-President Name Christin Jahnke			
Street Address 10 West Street		Street Address 10 West Street			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Christin Jahnke		Treasurer Name Douglas Jahnke			
Street Address 10 West Street		Street Address 10 West Street			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Douglas Jahnke		Director Name			
Street Address 10 West Street		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1500		Common	No par value
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 Douglas Jahnke					Date
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov