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.

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BUS SVCS
2023 APR -6 P 2:51

1. Entity ID Number	2. Exact name of the Corporation		
001660316	East Coast Fireproofing Co., Inc.		
3. Principal Office Address	City	State	Zip
5 Kenneth A. Miner Drive	Wrentham	MA	02093
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
238310	Fireproofing and insulating contractor		
5. State of Incorporation			
Massachusetts			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Robert T. Taglienti	21 Winston Road	Norfolk	MA	02056
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Robert F. Taglienti	34 WEBER FARM ROAD	WRENTHAM	MA	02093
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Robert F. Taglienti	34 WEBER FARM RD.	WRENTHAM	MA	02093
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Robert F. Taglienti	34 WEBER FARM ROAD	WRENTHAM	MA	02093

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
12, 500	CNP	$0.00

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
Robert T. Taglienti	4-6-23

Signature of Authorized Representative: [signature] PRESIDENT

FILED
APR 06 2023
BY 43272

MAIL TO:
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Website: www.sos.ri.gov