RI SOS Filing Number: 202449105140 Date: 3/15/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services D				FILED				
Annual Report for the year:	2024			MAR 15 2024				
Corporation → Filing period: February 1 -		BY X144						
Filing Fee: \$50.00							\sim	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.								
Entity ID Number 115831	2. Exact name of the Corporation East Coast Clooping Inc.							
10 West Street			City Warrer	n	State		Zip 02885	
			<u>L.</u> .		1		02003	
561720	Brief description of the character of business conducted in Rhode Island To engage in any and all lawful business activity and to engage in							
5. State of Incorporation	cleaning and maintenance services							
RI	ocaning and maintenance services							
7 List ALL officers (names and addresses) Check the box to indicate an attachment								
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 Jahnk		02000	Treasurer Name Douglas Jahnke					
Street Address 10 West Street			Street Address 10 West Street					
^{City} Warren	State RI	^{Zip} 02885	^{City} Warren			 रा	Zip 02885	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment				
Douglas Jahnke				Director Name				
Street Address Street Street								
^{City} Warren	State RI	^{Zıp} 02885	City		State		Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized	<u> </u>	10. Shares Issued		Check the box to indicate an attachment				
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SH	IARES			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 re-								
ceiver 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			
Douglas Jahnke				2/26/24				
Signature of Authorized Representative								
MAN 70								

MAIL TO:

MAIL TO: (
Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov