State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 18 2024
BY

1. Entity ID Number	2. Exact name of the Corporation			
001724888	COAST TO COAST ENGINEERING SERVICES			
3. Principal Office Address		City	State	Zip
5 DEPOT ROAD, SUITE 23		FREEPORT	ME	04032
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541350				
5. State of Incorporation				
ME	HOME/COMMERCIAL INSP			

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

President Name			Vice-President Name		
DAVID E LEOPOLD			ALAN MOONEY		
Street Address			Street Address		
P.O. BOX 1204			15 TWIN POND ROAD		
City	State	Zip	City	State	Zip
YORK HARBOR	ME	03911	TOPSHAM	ME	04086
Secretary Name			Treasurer Name		
BARBARA WHITON					
Street Address			Street Address		
32 PINECREST STREET					
City	State	Zip	City	State	Zip
PORTLAND	ME	04102			

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

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

9. Shares Authorized — 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 SHARES	CLASS/SERIES	PAR VALUE
402		

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 3/15/24

Signature of Authorized Representative
DAVID E LEOPOLD

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov