



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.

STAD

REC'D RPDOS REC  
24 MAR 26 AM 9:56

1. Entity ID Number 001660316		2. Exact name of the Corporation East Coast Fireproofing Co., Inc.			
3. Principal Office Address 5 Kenneth A. Miner Drive		City Wrentham		State MA	Zip 02093
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island Fireproofing and insulating contractor			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Robert T. Taglienti			Vice-President Name Robert F. Taglienti		
Street Address 21 Winston Road			Street Address 34 Weber Farm Road		
City Norfolk	State MA	Zip 02056	City Wrentham	State MA	Zip 02093
Secretary Name Robert F. Taglienti			Treasurer Name Robert F. Taglienti		
Street Address 34 Weber Farm Road			Street Address 34 Weber Farm Road		
City Wrentham	State MA	Zip 02093	City Wrentham	State MA	Zip 02093
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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					
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 Robert T. Taglienti					Date 2-6-24
Signature of Authorized Representative					

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 26 2024

BY ML 44022

FORM 630- Revised 12/2023