



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

APR 30 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

15993

1. Entity ID Number <u>710012</u>		2. Exact name of the Corporation <u>East Coast Designs, Inc</u>			
3. Principal Office Address <u>306 Main Street</u>			City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
4. NAICS Code <u>541410</u>		6. Brief description of the character of business conducted in Rhode Island <u>Custom Interior Design Services</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Gary Gesualdo</u>			Vice-President Name <u>Same as above</u>		
Street Address <u>310 Main Street</u>			Street Address		
City <u>E. Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City	State	Zip
Secretary Name <u>Same as above</u>			Treasurer Name <u>Same as above</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
		<u>100</u>	<u>Common</u>	<u>No</u>	
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 <u>GARY Gesualdo</u>					Date <u>4/25/24</u>
Signature of Authorized Representative 					