



**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.

2024 NOV 22 AM 10:52

1. Entity ID Number 001732914		2. Exact name of the Corporation East Coast Construction Group INC	
3. Principal Office Address 637 Lancaster Street		City Leominster	State MA
		Zip 01453	
4. NAICS Code 238900	6. Brief description of the character of business conducted in Rhode Island Construction service		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Andrei Ihnatorovich		Vice-President Name Andrew Pochobut	
Street Address 36 Neillian Way		Street Address 26 Eastleigh Lane	
City Bedford	State MA	City Natick	State MA
Zip 01730		Zip 01760	
Secretary Name Andrew Pochobut		Treasurer Name Andrew Pochobut	
Street Address 26 Eastleigh Lane		Street Address 26 Eastleigh Lane	
City Natick	State MA	City Natick	State MA
Zip 01760		Zip 01760	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Khrystyna Ihnatorovich		Director Name	
Street Address 36 Neillian Way		Street Address	
City Bedford	State MA	City	State
Zip 01730		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		100	STK
			0
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 Andrei Ihnatorovich			Date 7/31/24
Signature of Authorized Representative <i>Andrei Ihnatorovich</i>			

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

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