



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 <b>001732914</b>		2. Exact name of the Corporation <b>East Coast Construction Group INC</b>			
3. Principal Office Address <b>637 Lancaster Street</b>		City <b>Leominster</b>	State <b>MA</b>	Zip <b>01453</b>	
4. NAICS Code <b>238900</b>		6. Brief description of the character of business conducted in Rhode Island <b>Construction service</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Andrei Ihnatorovich</b>		Vice-President Name <b>Andrew Pochobut</b>			
Street Address <b>36 Neillian Way</b>		Street Address <b>26 Eastleigh Lane</b>			
City <b>Bedford</b>	State <b>MA</b>	Zip <b>01730</b>	City <b>Natick</b>	State <b>MA</b>	Zip <b>01760</b>
Secretary Name <b>Andrew Pochobut</b>		Treasurer Name <b>Andrew Pochobut</b>			
Street Address <b>26 Eastleigh Lane</b>		Street Address <b>26 Eastleigh Lane</b>			
City <b>Natick</b>	State <b>MA</b>	Zip <b>01760</b>	City <b>Natick</b>	State <b>MA</b>	Zip <b>01760</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Khrystyna Ihnatorovich</b>		Director Name			
Street Address <b>36 Neillian Way</b>		Street Address			
City <b>Bedford</b>	State <b>MA</b>	Zip <b>01730</b>	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	
		<b>100</b>	<b>STK</b>	<b>0</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Andrei Ihnatorovich</b>				Date <b>7/31/24</b>	
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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