



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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 04 2025

BY

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1. Entity ID Number 88193			2. Exact name of the Corporation EAST COAST BUILDERS, INC.		
3. Principal Office Address 45 Osceola Avenue			City Narragansett	State RI	Zip 02882
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island To perform general carpentry work			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Thomas Pannone			Vice-President Name None		
Street Address 45 Osceola Avenue			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Cindy Ann Pannone			Treasurer Name Thomas Pannone		
Street Address 45 Osceola Avenue			Street Address 45 Osceola Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par
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 Thomas Pannone				Date 3-20-25	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:

Division of Business Services

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

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