


COAS10JCM 03/14/2025 3:45 PM

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 20 2025
BY 15219-10

1. Entity ID Number 001724888		2. Exact name of the Corporation COAST TO COAST ENGINEERING SERVICES				
3. Principal Office Address 5 DEPOT STREET, SUITE 23			City FREEPORT	State ME	Zip 04032	
4. NAICS Code 541350		6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation ME		HOME/COMMERCIAL INSP				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment	
President Name DAVID E LEOPOLD			Vice-President Name ALAN MOONEY			
Street Address P.O. BOX 1204			Street Address 15 TWIN POND ROAD			
City YORK HARBOR	State ME	Zip 03911	City TOPSHAM	State ME	Zip 04086	
Secretary Name BARBARA WHITON			Treasurer Name			
Street Address 32 PINECREST STREET			Street Address			
City PORTLAND	State ME	Zip 04102	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	
		1000				
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 					Date 3/17/2025	
Signature of Authorized Representative DAVID E LEOPOLD						

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
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Website: www.sos.ri.gov