

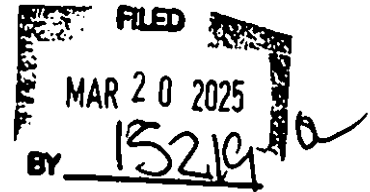
State of Rhode Island
Department of State - Business Services Division

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.



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 <input type="checkbox"/>									
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 <input type="checkbox"/>									
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												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000					
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

Phone: (401) 222-3040

Website: www.sos.ri.gov