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
MAY 29 2025
BY 1141

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1. Entity ID Number	2. Exact name of the Corporation			
000141643	East Coast Payroll Services, Inc.			
3. Principal Office Address		City	State	Zip
615 Jefferson Boulevard, STE B107		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541214	To operate, create, administer, analyze and formulate payroll services.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kristen M. Lopes			Vice-President Name: NONE		
Street Address: 615 Jefferson Boulevard, STE B107			Street Address:		
City: Warwick	State: RI	Zip: 02886	City:	State:	Zip:
Secretary Name: Kristen M. Lopes			Treasurer Name: Kristen M. Lopes		
Street Address: 615 Jefferson Boulevard, STE B107			Street Address: 615 Jefferson Boulevard, STE B107		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kristen M. Lopes			Director Name: NONE		
Street Address: 615 Jefferson Boulevard, STE B107			Street Address:		
City: Warwick	State: RI	Zip: 02886	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	No Par Value

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: Kristen M. Lopes, President

Date: 5.22.25

Signature of Authorized Representative: Kristen M. Lopes

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

FORM 630- Revised 12/2023