



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>109601</b>		2. Exact name of the Corporation <b>COASTAL VIEW, INC.</b>			
3. Principal office address <b>197B HOPEWORTH AVENUE</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>401-529-9747</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>SERVICE OF MEALS AND ALCOHOLIC BEVERAGES</b>					
President Name <b>MICHAEL J. FERREIRA</b>			Vice-President Name <b>MICHAEL J. FERREIRA</b>		
Street Address <b>197B HOPEWORTH AVENUE</b>			Street Address <b>197B HOPEWORTH AVENUE</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name			Treasurer 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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		500	COMMON	NO PAR	

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.



**FILED** 02  
**MAR 10 2017**  
 13337

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.

*Michael J. Ferreira* 3/1/17  
 Signature of Authorized Representative Date

**MICHAEL J. FERREIRA**  
 Print or Type Name of Authorized Representative