

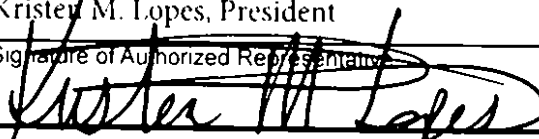


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 141643		2. Exact name of the Corporation East Coast Payroll Services, Inc.			
3. Principal Office Address 615 Jefferson Blvd STE B107		City Warwick		State RI	Zip 02886
4. NAICS Code 99999	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Kristen M. Lopes			Vice-President Name NONE		
Street Address 615 Jefferson Blvd 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 Blvd STE B107			Street Address 615 Jefferson Blvd 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 <input type="checkbox"/>					
Director Name Kristen M. Lopes			Director Name NONE		
Street Address 615 Jefferson Blvd 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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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 3.8.2023	
Signature of Authorized Representative 				FILED MAR 14 2023 BY <u> </u> 213483 10:51	

MAIL TO:
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