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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
38551	East Bay Associates, Inc.			
3. Street Address Principal Business Office		City	State	Zip
576 Metacom Avenue, Unit 12, Belltower Plaza		Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-253-2983	Rhode Island			5520

7. Brief Description of the Character of Business Conducted in Rhode Island
Sale, Purchase, Renting and Leasing of Real Estate

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Robert G. Hollands			Robert G. Hollands		
Street Address			Street Address		
3 Juniper Court			3 Juniper Court		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
Secretary Name			**Treasurer Name**		
Robert G. Hollands			Robert G. Hollands		
Street Address			Street Address		
3 Juniper Court			3 Juniper Court		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Robert G. Hollands			None		
Street Address			Street Address		
3 Juniper Court					
City	State	Zip	City	State	Zip
Bristol	RI	02809			
Director Name			**Director Name**		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 No Par Value			30	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 

[redacted]

FILED
File Date FEB 20 2008
Check No. By DS 2230
By:
FOR SECRETARY OF STATE USE ONLY

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.

2-15-08
Signature of Officer *Date*

Robert G. Hollands
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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