



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 10847		2. Name of Corporation East Bay Land Development Corporation			
3. Street Address Principal Business Office 5 Beth Avenue			City Warren	State RI	Zip 02885
4. Business Phone No. 401-245-6464		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Real Estate Development					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elizabeth Moran			Vice President Name Cynthia Moran Laux		
Street Address 5 Beth Avenue			Street Address P.O. Box 997		
City Warren	State RI	Zip 02885	City Bethel	State ME	Zip 04217
Secretary Name Elizabeth Moran			Treasurer Name Elizabeth Moran		
Street Address 5 Beth Avenue			Street Address 5 Beth Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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 412	Class/Series Common	Par Value No Par
			THIS SECTION MUST BE COMPLETED		

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.

<b>FILED</b>	
File Date	FEB 12 2009
Check No.	
By	375
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.

Signature Elizabeth Moran Date \_\_\_\_\_  
Elizabeth Moran  
Print or Type Name  
President ELIZABETH MORAN  
Title President