



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 26392		2. Exact name of the Corporation EAST BAY ANGLERS, INC.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island FISHING EDUCATION, CONSERVATION & RECREATIONAL ACTIVITY	
5. Principal office address 60 MIKE GILLIS		City RIVERSIDE	State RI
		Zip 02915	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒			
President Name MICHAEL GILLIS		Vice-President Name MATTHEW NEWELL	
Street Address 63 ESTRELL DRIVE		Street Address 14 CEDARWOOD DR.	
City RIVERSIDE	State RI	City RIVERSIDE	State RI
Zip 02915		Zip 02915	
Secretary Name WILL BARBEAU		Treasurer Name COREY MEDEIROS	
Street Address 1 GROVE ST		Street Address 116 MAURAN AVE #3	
City BARRINGTON	State RI	City EAST PROV.	State RI
Zip 02806		Zip 02914	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name DAVE FEWSTER		Director Name DAVE AUGUST	
Street Address 48 EASTERN AVE		Street Address 41 RIVER ST	
City EAST PROV	State RI	City BRISTOL	State RI
Zip 02880		Zip 02809	
Director Name JOHN PEACOCK		Director Name BEN CRUZ	
Street Address 18 AUBIN ST		Street Address 665 METACOM AVE #7	
City SEEKONK	State MA.	City BRISTOL	State RI
Zip 02771		Zip 02809	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be filed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 18 2012

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File Date	By
Check No.	
By	
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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 C. Gillis 6/15/12
Signature of Officer Date

Michael C. Gillis
Print or Type Name of Officer

President
Title of Officer

NO SNOWING
DIVISION OF STATE
CORPORATIONS