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.	2. Exact name of the Corporation		
26392	EAST BAY ANGLERS, INC.		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	FISHING EDUCATION, CONSERVATION & RECREATIONAL ACTIVITY		
5. Principal office address	City	State	Zip
C/O MIKE GILLIS 63 ESTRELL DR	RIVERSIDE	RI	02915

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
MICHAEL GILLIS			MATTHEW NEWELL		
Street Address			Street Address		
63 ESTRELL DRIVE			14 CEDARWOOD DR.		
City	State	Zip	City	State	Zip
RIVERSIDE	RI	02915	RIVERSIDE	RI	02915
Secretary Name			Treasurer Name		
WILL BARBEAU			COREY MEDEIROS		
Street Address			Street Address		
1 GROVE ST			116 MAURAN. AVE #3		
City	State	Zip	City	State	Zip
BARRINGTON	RI	02806	EAST PROV.	RI	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			Director Name		
DAVE FEWSTER			DAVE AUGUST		
Street Address			Street Address		
48 EASTERN AVE			41 RIVER ST		
City	State	Zip	City	State	Zip
EAST PROV	RI.	02880	BRISTOL	RI	02809
Director Name			Director Name		
JOHN PEACOCK			BEN CRUZ		
Street Address			Street Address		
18 AUBIN ST			665 METACOM AVE #7		
City	State	Zip	City	State	Zip
SEEKONK	MA.	02771	BRISTOL	RI	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 signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
JUN 18 2012 1:14 PM

File Date: By 11/0452
Check No: Cm
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.

Michael C. Gillis — 6/15/12
Signature of Officer — Date

2012 JUN 18 PM 1:14
Michael C. Gillis
Print or Type Name of Officer

CORPORATIONS DIV
SECRETARY OF STATE

President
Title of Officer

Form No. 631
Revised: 05/2012