



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 42257		2. Exact name of the Corporation EAST BAY DIVE CENTER, INC.			
3. Principal office address 8 Church Street			City Warren	State RI	Zip 02885-0000
4. Business Phone No. (401) 247-2420			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island skin diving and scuba diving					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David J. LaBrecque			Vice-President Name David J. LaBrecque		
Street Address 721 Hope Street			Street Address 721 Hope Street		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Louis A. Sousa			Treasurer Name David J. LaBrecque		
Street Address 5 Benefit Street			Street Address 721 Hope Street		
City Providence	State RI	Zip 02904-	City Bristol	State RI	Zip 02809-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David J. LaBrecque			Director Name none		
Street Address 721 Hope Street			Street Address none		
City Bristol	State RI	Zip 02809-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			100	Common	No Par

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.

File Date _____
 Check No _____
 By: _____

FILED

APR 25 2016

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 of Authorized Representative 1/04/2016
 Date

Print or Type Name of Authorized Representative
David J. LaBrecque
President

BY 18604-18609