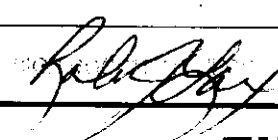




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

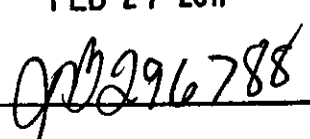
Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 10847		2. Exact name of the Corporation EAST BAY LAND DEVELOPMENT CORPORATION									
3. Principal Office Address 5 Beth Avenue		City Warren	State RI	Zip 02885							
4. NAICS Code 53 - Real Estate and Rental and	6. Brief description of the character of business conducted in Rhode Island Real Estate Development										
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Cynthia Ann Moran			Vice-President Name								
Street Address P.O. Box 997			Street Address								
City Bethel	State ME	Zip 04217	City	State	Zip						
Secretary Name			Treasurer Name Robert J. Laux								
Street Address			Street Address P.O. Box 997								
City	State	Zip	City Bethel	State ME	Zip 04217						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>									
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>412</td> <td>CNP</td> <td>0.00</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	412	CNP	0.00
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
412	CNP	0.00									
11. 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. 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.											
Name of Authorized Representative Robert J. Laux, Treasurer				Date 2/15/16							
Signature of Authorized Representative 											

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 11:21
 FEB 27 2017

BY 

FORM 630 - Revised: 02/2017