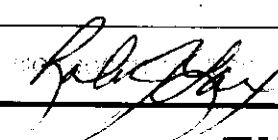




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

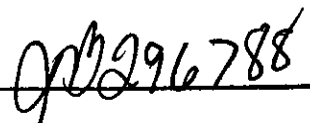
Annual Report for the year: **2016**
Corporation

- 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 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.					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
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

11:21 **FILED**
FEB 27 2017

BY 

FORM 630 - Revised: 02/2017