



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

2017 JUN -7 PM 12:06
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

Annual Report for the year: 2017.
 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 923485		2. Exact name of the Corporation East Bay Nursery inc			
3. Principal Office Address Towissett Road		City Warren	State RI	Zip 02885	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI		tree nursery			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael A. Saviano III		Vice-President Name			
Street Address 424 Water St		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Michael A Saviano III		Treasurer Name Michael A Saviano III			
Street Address no West Gate St 424 Water St		Street Address See President			
City Warren	State RI	Zip 02885	City	State	Zip
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10 000		stk	0.01
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 Michael A. Saviano III					Date 6/7/2017
Signature of Authorized Representative <i>Michael A Saviano III</i>					SIGN DOCUMENT FILED BY [Signature] 305404

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov