



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

STAMP

FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2018
 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 40590		2. Exact name of the Corporation East Bay Property Management Services, Inc.			
3. Principal Office Address 576 Metacom Avenue, Belltower Plaza, Unit 12			City Bristol	State RI	Zip 02809
4. NAICS Code 53 - Real Estate and Rental anc		6. Brief description of the character of business conducted in Rhode Island Managing rental property			
5. State of Incorporation Rhode Island		531390			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert G. Hollands			Vice-President Name Robert G. Hollands		
Street Address 3 Juniper Court			Street Address 3 Juniper Court		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Robert G. Hollands			Treasurer Name Robert G. Hollands		
Street Address 3 Juniper Court			Street Address 3 Juniper Court		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert G. Hollands			Director Name NONE		
Street Address 3 Juniper Court			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name NONE			Director Name NONE		
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.			NUMBER OF SHARES	CLASS/SER LS	PAR VALUE
			1,000	Common	No Par
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 G. Hollands					Date 2/1/18
Signature of Authorized Representative					<i>[Handwritten Signature]</i>

SIGN DOCUMENT HERE

FILED

FEB 09 2018

BY 5932 DS