



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 29 2019

19561

1. Entity ID Number 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. NAICS Code 611620		6. Brief description of the character of business conducted in Rhode Island skin diving and scuba diving			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an 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) Check the box to indicate an 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 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
			100	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 David J. LaBrecque President				Date 1/07/2019	
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