



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

Annual Report for the year: 2019  
 Corporation

**FILED**  
 MAR 29 2019 *e*  
 19561

- 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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		CLASS/SERIES		PAR VALUE
			NUMBER OF SHARES				
			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. <i>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.</i>							
Name of Authorized Representative David J. LaBrecque President						Date 1/07/2019	
Signature of Authorized Representative <i>David J. LaBrecque</i>							

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