



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2019

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001668719		2. Exact name of the Corporation Camp ERROL	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Basketball program (713940)	
5. Principal office address 50 B Hanover St		City Providence	State RI Zip 02907
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Calvin Jones		Vice-President Name	
Street Address 50 B Hanover St		Street Address	
City Providence	State RI	Zip 02907	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Calvin Jones		Director Name Greg Holt	
Street Address 50 B Hanover St		Street Address 140 Longwood Ave	
City Providence	State RI	Zip 02907	City Providence State RI Zip 02908
Director Name Gar Grimes		Director Name	
Street Address 120 B Monna Ave		Street Address	
City Providence	State RI	Zip 02906	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Signature of Officer or Authorized Representative

Date

Calvin Jones
Print or Type Name of Officer or Authorized Representative