RI SOS Filing Number: 202062961480 Date: 10/6/2020 4:00:00 PM

| (BF) | State of Rhode Island |
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| | State of Rhode Island Department of S |

Department of State - Business Services Division

FILED 0CT 0 6 2020

Annual Report for the year: 2020 Limited Liability Company

-> Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|--|---|---------------------------------|-----------------------|---------------------|-----------------------|--|--|
| 504915 | EAST BAY FOOTBALL CAMPS, LLC | | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | | |
| 611620 | FOOTBALL COACHING, CONDUCTING FOOTBALL CAMPS AND ANY LAWFUL BUSINESS | | | | | | |
| 5 State of Formation | 1 | | | | | | |
| RHODE ISLAND | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 145 RIDGEVIEW ROAD | | | HARRISON | ME | 04040 | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name ROBERT MONTEIRO | | | Contact Title MANAGER | | | | |
| Street Address 145 RIDGEVIEW ROAD | | | Crty HARRISON | State ME | ^{Zip} 04040 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | | |
| Manager Name ROBERT MONTEIRO | | | Manager Name | | | | |
| Street Address 145 RIDGEVIEW ROAD | | | Street Address | | | | |
| City HARRISON | State ME | ^{Z₁p} 04040 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zıp | | |
| - | ı | _ | <u> </u> | Check the box to in | ndicate an attachment | | |
| 9. The Resident Agent information currently of record with the Ri Department of State is accurate. Changes require filing Form 642 | | | | | | | |
| 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 Person | | | | Date | | | |
| ROBERT MONTEIRO, MANAGER | | | | 10-1 | 10-1-2020 | | |
| Signature of Authorized Person | | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov