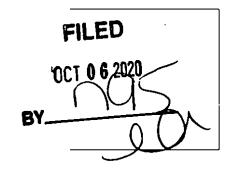


## Annual Report for the year: 2020 Limited Liability Company

→ 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						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
145 RIDGEVIEW ROAD			HARRISON	ME	04040	
7. Mailing Address of Limited Lia	<del></del>	and Name or Tit				
Contact Name ROBERT MONTEIRO			Contact Title MANAGER			
Street Address 145 RIDGEVIEW ROAD			City HARRISON	State ME	<sup>Zip</sup> 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	<sup>Zıp</sup> 04040	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
			<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 dec statements, and that all staten	lare and affirm nents contains	n that I have exa ed herein are tru	mined this report, including e and correct.	any accompanying	g schedules and	
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