



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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

STAMP

MAR 09 2021

BY

FOR
SECRETARY OF STATE
USE ONLY

1 Entity ID Number 000117090		2 Exact name of the Corporation East Bay Gymnastics, Inc.			
3 Principal Office Address 54 Gooding Avenue			City Bristol	State RI	Zip 02809
4 NAICS Code 611620		6. Brief description of the character of business conducted in Rhode Island To engage in the business of teaching gymnastics			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elizabeth Flitter			Vice-President Name Elizabeth Flitter		
Street Address 109 Highland Avenue			Street Address 109 Highland Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Elizabeth Flitter			Treasurer Name Elizabeth Flitter		
Street Address 109 Highland Avenue			Street Address 109 Highland Avenue		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elizabeth Flitter			Director Name NONE		
Street Address 109 Highland Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/STILLS		
			PAR VALUE		
			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 Elizabeth Flitter				Date 2/20/21	
Signature of Authorized Representative <i>Elizabeth R Flitter</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020