



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period February 1 - May 1

→ Filing Fee \$50.00

→ Penalty Additional \$25.00 fee if form is not filed by May 31

**FILED**

FEB 25 2022

BY

1. Entity ID Number 000040590		2. Exact name of the Corporation East Bay Property Management Services, Inc.												
3. Principal Office Address 576 Metacom Avenue, Belltower Plaza, Unit 12			City Bristol	State RI	Zip 02809									
4. NAICS Code 531110 - Lessors of resin		6. Brief description of the character of business conducted in Rhode Island Managing rental property												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Robert G. Hollands			Vice-President Name Robert G. Hollands											
Street Address 3 Juniper Court			Street Address 3 Juniper Court											
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809									
Secretary Name Robert G. Hollands			Treasurer Name Robert G. Hollands											
Street Address 3 Juniper Court			Street Address 3 Juniper Court											
City Bristol	State RI	Zip 02809	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 Robert G. Hollands			Director Name NONE											
Street Address 3 Juniper Court			Street Address											
City Bristol	State RI	Zip 02809	City	State	Zip									
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td>No par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	No par			
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1,000	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 Robert G. Hollands				Date 2/16/22										
Signature of Authorized Representative														

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: 11/2021