



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

MAR 20 2023

21663

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Filing Number 000040590		2. Exact name of the Corporation East Bay Property Management Services, Inc.			
3. Principal Office Address 576 Melacom Avenue, Belltower Plaza, Unit 12		City Bristol		State RI	Zip 02809
4. NAICS Code 531110 - Lessors of resi		6. Brief description of the character of business conducted in Rhode Island Leasing rental properties			
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.  Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1,000	CLASS/SERIES Common	PAR VALUE 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 3/7/23	
Signature of Authorized Representative 					

MAIL TO

Division of Business Services

100 E. New Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3340

Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023