



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION

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1. Entity ID Number <u>1701133</u>		2. Exact name of the Corporation <u>East Bay Fast Pitch</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Recreational Youth Softball program</u>	
4. NAICS Code <u>713990</u>			
6. Principal Office Address <u>66 Lincoln Ave</u>		City <u>Riverside</u>	State <u>RI</u> Zip <u>02915</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Joshua Francis</u>		Vice-President Name <u>Ashley Francis</u>	
Street Address <u>64 Hyde Ave</u>		Street Address <u>64 Hyde Ave</u>	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>	City <u>Pawtucket</u> State <u>RI</u> Zip <u>02861</u>
Secretary Name <u>Naomi Quadros</u>		Treasurer Name <u>Joshua Francis</u>	
Street Address <u>91 Central Ave</u>		Street Address <u>64 Hyde Ave</u>	
City <u>E. Providence</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>Pawtucket</u> State <u>RI</u> Zip <u>02861</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Naomi Quadros</u>		Director Name <u>Joshua Francis</u>	
Street Address <u>91 Central Ave</u>		Street Address <u>64 Hyde Ave</u>	
City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>Pawtucket</u> State <u>RI</u> Zip <u>02861</u>
Director Name <u>Ashley Francis</u>		Director Name	
Street Address <u>64 Hyde Ave</u>		Street Address	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02861</u>	City <u></u> State <u></u> Zip <u></u>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Ashley Francis</u>			Date <u>6/14/23</u>
Signature of Officer/Authorized Representative <u>Ashley Francis</u>			

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JUN 14 2023

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