



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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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