



State of Rhode Island
Department of State - Business Services Division

REC'D: RI SOS BSD
24 MAR 8 PM 12:29:16
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Annual Report for the year: 2024
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.

1. Entity ID Number 001668719		2. Exact name of the Corporation CAMP ERROL			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Teaching the importance of Education, Responsibilities, Respect, Opportunities & Leadership through the game of basketball.</i>			
4. NAICS Code 713940					
6. Principal Office Address 50 B Hanover St.			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Calvin Jones			Vice-President Name		
Street Address 55 Sunbury St.			Street Address		
City Providence	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Calvin Jones			Director Name Greg Holt		
Street Address 55 Sunbury St.			Street Address 140 Longwood Ave		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Gbar Grines			Director Name		
Street Address 120 Pomona Ave			Street Address		
City Providence	State RI	Zip 02907	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Calvin Jones					Date 3-8-24
Signature of Officer/Authorized Representative <i>Calvin Jones</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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BY ML EFNN2