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**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.

1. Entity ID Number <b>001668719</b>		2. Exact name of the Corporation <b>CAMP ERROL</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <i>Teaching the importance of Education, responsibilities, Respect Opportunities &amp; Leadership through the game of basketball.</i>			
4. NAICS Code <b>713940</b>					
6. Principal Office Address <b>50 B Hanover St.</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Calvin Jones</b>			Vice-President Name		
Street Address <b>55 Sunbury St.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Calvin Jones</b>			Director Name <b>Greg Holt</b>		
Street Address <b>55 Sunbury St.</b>			Street Address <b>140 Longwood Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Gbar Grines</b>			Director Name		
Street Address <b>120 Pomona Ave</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Calvin Jones</b>					Date <b>3-8-24</b>
Signature of Officer/Authorized Representative <i>Calvin Jones</i>					

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

**FILED**  
**12:33**  
**MAR 08 2024**  
**BY ML EE NNR**  
FORM 631- Revised: 12/2023