



**State of Rhode Island  
Department of State - Business Services Division**

REC'D RI SOS BSD  
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**Annual Report for the year:** 2022  
**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 <i>50 B Hanover St.</i>			City <i>Providence</i>	State <i>RI</i>	Zip <i>02907</i>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <i>Calvin Jones</i>			Vice-President Name		
Street Address <i>55 Sunbury St.</i>			Street Address		
City <i>Providence</i>	State <i>RI</i>	Zip <i>02909</i>	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 <i>Calvin Jones</i>			Director Name <i>Greg Holt</i>		
Street Address <i>55 Sunbury St.</i>			Street Address <i>140 Longwood Ave</i>		
City <i>Providence</i>	State <i>RI</i>	Zip <i>02908</i>	City <i>Providence</i>	State <i>RI</i>	Zip <i>02908</i>
Director Name <i>Gbar Grines</i>			Director Name		
Street Address <i>120 Pomona Ave</i>			Street Address		
City <i>Providence</i>	State <i>RI</i>	Zip <i>02908</i>	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 <i>Calvin Jones</i>					Date <i>3-8-24</i>
Signature of Officer/Authorized Representative <i>Calvin Jones</i>					<b>FILED</b>

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

*12:32*      **MAR 08 2024**  
*BY ML EFVNR*