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

**Annual Report for the year: 2024 amended
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 001743746		2. Exact name of the Corporation East Bay Recreational League	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island youth sports	
4. NAICS Code 624110			
6. Principal Office Address 33 Berlin St		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jose L. Feias		Vice-President Name Daniel Lagarto	
Street Address 33 Berlin St		Street Address 667 Metcrom Ave.	
City Providence	State RI	City Bristol	State RI
Zip 02908		Zip 02809	
Secretary Name		Treasurer Name Alisha Harding	
Street Address		Street Address 191 Usquepaugh Rd.	
City	State	City West Kingston	State RI
Zip		Zip 02892	
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 Jonathan Richmond		Director Name Ben Harding	
Street Address 40 Lisg Ln.		Street Address 191 Usquepaugh Rd.	
City Bristol	State RI	City West Kingston	State RI
Zip 02809		Zip 02892	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Jose L. Feias			Date 10/15/2024
Signature of Officer/Authorized Representative 			1:28pm 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

OCT 15 2024

BY



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 15, 2024 01:28 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

