



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.

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|--|--------------------|--|--|
| 1. Entity ID Number <u>001743746</u> | | 2. Exact name of the Corporation <u>East Bay Recreational League</u> | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>youth sports</u> | |
| 4. NAICS Code <u>624110</u> | | | |
| 6. Principal Office Address <u>33 Berlin St</u> | | City <u>Providence</u> | State <u>RI</u> Zip <u>02908</u> |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Jose L. Frias</u> | | Vice-President Name <u>Daniel Lagarto</u> | |
| Street Address <u>33 Berlin St</u> | | Street Address <u>667 Metacom Ave.</u> | |
| City <u>Providence</u> | State <u>RI</u> | City <u>Bristol</u> | State <u>RI</u> Zip <u>02809</u> |
| Secretary Name | | Treasurer Name <u>Alisha Harding</u> | |
| Street Address | | Street Address <u>191 Usquepaugh Rd.</u> | |
| City | State | City <u>West Kingston</u> | State <u>RI</u> Zip <u>02892</u> |
| 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 <u>Jonathan Richmond</u> | | Director Name <u>Ben Harding</u> | |
| Street Address <u>40 Lisg Ln.</u> | | Street Address <u>191 Usquepaugh Rd.</u> | |
| City <u>Bristol</u> | State <u>RI</u> | City <u>West Kingston</u> | State <u>RI</u> Zip <u>02892</u> |
| 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. | | | |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee. | | | |
| Name of Officer/Authorized Representative <u>Jose L. Frias</u> | | | Date <u>10/15/2024</u> |
| Signature of Officer/Authorized Representative <i>[Signature]</i> | | | <u>1:28pm</u> 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 [Signature]

FORM 631- Revised: 04/2023