



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 18 2025
BY 1229

1. Entity ID Number 38551		2. Exact name of the Corporation East Bay Associates, Inc.	
3. Principal Office Address 576 Metacom Avenue, Unit 12, Belltower Plaza		City Bristol	State RI Zip 02809
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Sale, purchase, renting and leasing of real estate; Title: 7-1.1-51		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert G. Hollands		Vice-President Name Robert G. Hollands	
Street Address 3 Juniper Court		Street Address 3 Juniper Court	
City Bristol	State RI	Zip 02809	City Bristol State RI Zip 02809
Secretary Name Robert G. Hollands		Treasurer Name Robert G. Hollands	
Street Address 3 Juniper Court		Street Address 3 Juniper Court	
City Bristol	State RI	Zip 02809	City Bristol State RI Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Robert G. Hollands		Director Name	
Street Address 3 Juniper Court		Street Address	
City Bristol	State RI	Zip 02809	City State Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City State Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		Issued - 30	Common
		Auth'd - 100	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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>			
Name of Authorized Representative Robert G. Hollands		Date 2/18/25	
Signature of Authorized Representative			

MAIL TO:
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