



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001668719

2. Name of Corporation CAMP ERROL

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

713940

4. Principal Office Address

No. and Street: 50 B HANOVER START

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

OUR MISSION IS TO PROMOTE THE IMPORTANCE OF EDUCATION, RESPECT, RESPONSIBILITY, OPPORTUNITY, AND LEADERSHIP FOR THE NEXT GENERATION OF STUDENT ATHLETES. CAMP ERROL WAS FOUNDED IN THE MEMORY OF ERROL CLINTON WHO WAS KILLED IN THE CITY OF PROVIDENCE AT THE AGE OF FIFTEEN DUE TO A RANDOM ACT OF VIOLENCE. THE OBJECTIVE OF CAMP ERROL IS TO NOT ONLY CARRY ON ERROL'S NAME SAKE BUT TO POSITIVELY INFLUENCE THE YOUNGER GENERATION TO USE BASKETBALL TO BE GREAT ON AND OFF THE COURT. MEMBERS OF OUR ORGANIZATION WILL ALSO TEACH ABOUT

FINANCES, TUTORING, A MENTOR PROGRAM AND GIVING BACK.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CALVIN JONES	55 SUNBURY STREET PROVIDENCE, RI 02908 USA
DIRECTOR	GREG HOLT	140 LONGWOOD AVE PROVIDENCE, RI 02908 USA
DIRECTOR	GBAR A GRIMES	120 POMONA AVE PROVIDENCE, RI 02908 USA
DIRECTOR	CALVIN JONES	55 SUNBURY STREET PROVIDENCE, RI 02908 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CALVIN JONES 55 SUNBURY STREET PROVIDENCE , RI 02908

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 17 Day of September, 2025 at 12:53:02 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By CALVIN JONES
Signature of Authorized Person

Form No. 631
Revised 09/07

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