



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904 2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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.

1. Corporate ID No. 26363		2. Name of Corporation Eagle Social Club			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island Street Address 383 Admiral St		City Providence	Zip 02908
5. Foreign corporation. Enter principal office address				City	State RI
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island SOCIAL CLUB					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD COPPOLA			Vice President Name EDWARD COPPOLA		
Street Address 60 Columbus St			Street Address 60 Columbus St		
City Prov.	State RI	Zip 02908	City Prov.	State RI	Zip 02908
Secretary Name Robert Comerford			Treasurer Name BRUCE COPPOLA		
Street Address Ives Rd			Street Address 9 CASSANDRA LN		
City Warwick	State RI	Zip 02888	City N. Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name EDWARD COPPOLA			Director Name BRUCE COPPOLA		
Street Address 60 Columbus St			Street Address 9 CASSANDRA LN		
City Prov.	State RI	Zip 02908	City N. Kingstown	State RI	Zip 02852
Director Name Robert Comerford			Director Name		
Street Address Ives Rd			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name EDWARD COPPOLA			Address		
Address 60 COLUMBUS STREET			City PROVIDENCE	Zip 02908	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



26363

File Date	FILED 10:27
Check No.	SEP 20 2007
By:	By: [Signature] 37327
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer [Signature]	Date 6-15-07
Print or Type Name of Officer BRUCE COPPOLA	
Title of Officer Treasurer	