

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

148 W. River Street Providence, RI 02904-2615

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 20

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00

								
1. ID No.	2. Exact	name of the limited liability company						
119635	EAGLE	PROPERTIES, LLC						
3. State of Formation RHODE ISLAND		4. Brief description of the REAL ESTATE	e character of the business wh	ich is actually conducted in Rhode Islan	d			
	eneck	Hill Road		City Coventry	State	RI	Ζip 02816	
6. MAILING ADDRES Contact Name Michael R.			COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		, =====	
Street Address				City	State		Zip	
2030 Nooseneck Hill Road			Coventry	ļ ,	RI	02816		
7. NAME AND ADDR	ESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF APPLICAT	LE - DO N	OT LIST	MEMBERS	
•		FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS ("X" BOX FOR ATT	ACHMENT)			
Manager Name	Manager Name			Manager Name				
Cross 4.1.1		·						
Street Address				Street Address				
City:		State	Zip	City	State	·	Zip	
Manager Name				Manager Name				
Street Address			· · · · · · · · · · · · · · · · · · ·	Street Address				
				street Adaress				
City		State	Zip	City	State	· , — ·	Zip	
8. RESIDENT AGENT Agent Name JOHN S. BRUNERO, JR		DDE ISLAND - DO N	I IOT ALTER - Changes	require filing of Form 642 - 1 Address	 R.I.G.L. 7-1	6-11	l	
Address 1070 MAIN STREET				COVENTRY	Zip 02816-			
8. RESIDENT AGENT Agent Name JOHN S. BRUNERO, JR Address			OT ALTER - Changes	require filing of Form 642 - Address City		Zip	Zip	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	9.12.07	
Check No	17911	-
Ву:	KM	
	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 Authorized Person

Michael R. Durand
Print or Type Name of Authorized Person