RI SOS Filing Number: 200702801800 Date: 10/19/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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
144173	Eagle Acquisitions, LLC
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**
Rhode Island	Real estate development

5. Principal office address	City	State	Zip
10 Dorrance Street	Providence	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Peter Hayes			
Street Address	**City**	**State**	**Zip**
10 Dorrance Street	Providence	RI	02903

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	
Thomas V. Moses, Esquire	170 Westminster Street, Suite 201	
Address	**City**	**Zip**
Moses Afonso Jackvony, Ltd.	Providence	02903

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

144173

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 *Date* 10/15/07

Peter Hayes
Print or Type Name of Authorized Person

File Date FILED
Check No. OCT 19 2007
By: By
5979-3-195946
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07