



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.

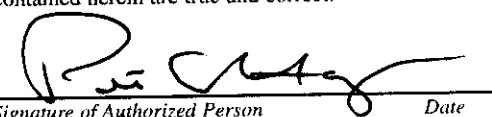
|                                                                                                                                                                                                               |       |                                                                                                                                     |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 1. ID No.<br><b>144173</b>                                                                                                                                                                                    |       | 2. Exact name of the limited liability company<br><b>Eagle Acquisitions, LLC</b>                                                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Real estate development</b> |                     |
| 5. Principal office address<br><b>10 Dorrance Street</b>                                                                                                                                                      |       | City<br><b>Providence</b>                                                                                                           | State<br><b>RI</b>  |
|                                                                                                                                                                                                               |       | Zip<br><b>02903</b>                                                                                                                 |                     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                     |                     |
| Contact Name<br><b>Peter Hayes</b>                                                                                                                                                                            |       | Contact Title                                                                                                                       |                     |
| Street Address<br><b>10 Dorrance Street</b>                                                                                                                                                                   |       | City<br><b>Providence</b>                                                                                                           | State<br><b>RI</b>  |
|                                                                                                                                                                                                               |       | Zip<br><b>02903</b>                                                                                                                 |                     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                     |                     |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                        |                     |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                      |                     |
| City                                                                                                                                                                                                          | State | City                                                                                                                                | State               |
|                                                                                                                                                                                                               |       |                                                                                                                                     |                     |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                        |                     |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                      |                     |
| City                                                                                                                                                                                                          | State | City                                                                                                                                | State               |
|                                                                                                                                                                                                               |       |                                                                                                                                     |                     |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                                      |       |                                                                                                                                     |                     |
| Agent Name<br><b>Thomas V. Moses, Esquire</b>                                                                                                                                                                 |       | Address<br><b>170 Westminster Street, Suite 201</b>                                                                                 |                     |
| Address<br><b>Moses Afonso Jackvony, Ltd.</b>                                                                                                                                                                 |       | City<br><b>Providence</b>                                                                                                           | Zip<br><b>02903</b> |

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

144173

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>OCT 19 2007</b> |
| By:                             | <b>1004</b>        |
| 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  
Date **10/15/07**  
**Peter Hayes**  
Print or Type Name of Authorized Person