

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

401.222.3040

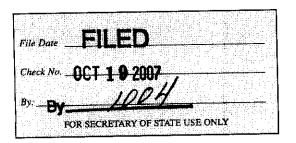
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

I.G.L. 7-16-66 (b&c	c)) is subject to	a penalty fee of	\$25.00.					
1. ID No. 2. Exact name of the limited liability company								
44173	Eagle A	Acquisitions, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island						
3. State of Formation				thess which is demany communication to the	••••			
Rhode Island		Real estate de	evelopment		State		Zip	
. Principal office address				Providence	RI		02903	
10 Dorrance St	ireet	samesta videtat erikit	same a seate late a richt bu <u>r i</u>		li,			
	RESS OF LI	MITED LIABII	LITY COMPANY AND	NAME OR TITLE OF CONTACT : Contact Title	A LINGSIN		•	
Contact Name								
Peter Hayes				City	State		Zip	
reet Address) Dorrance Street				Providence	RI		02903	
		North and a street # 6	a a a sa naka at merabeka	o ente <u>la citata de desperanta de la compa</u>	NUTCABLE DO NO	VE TICT I	MEMRERS	
, NAME AND A	DDRESS OF	EACH MANAG	GER OF THE LIMITE PACES BEFORE USI	D LIABILITY COMPANY, IF AI	FOR ATTACHMENT)		IL MILE	
		HILL IN 3	PACES BEFORE COL					
Manager Name				Manager Name	Manager Name			
				Church Address				
Street Address				Street Address	Street Address			
				City	State State		Zip	
City		State	Zip	Gny				
		l		Manager Name			J	
Manager Name								
				Street Address	: Street Address			
Street Address								
Citu		State	Zip	City	State		Zip	
City								
8. RESIDENT A	GENT IN RH	ODE ISLAND	- DO NOT ALTER - C	hanges require filing of For	m 642 · R.I.G.L. 7-16	5-11	•	
Agent Name				Address				
Thomas V. Mo	oses, Esqui	ire		170 Westminster S	Street, Suite 201			
Address				City		Zip	6/2	
Moses Afonso Jackvony, Ltd.				Providence		02903		
							, ,	
						k.j.	>	
						3 27	34 - 1	
This report must be executed by an a				an authorized person pursuant	thorized person pursuant to R.I.G.L. 7-16-66 (b).		တ္	
		Inis report	musi de executeu dy	our conservations because by	·	•		
						7.) AT	
							6)	

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.

Peter Hayes

Signature of Authorized Person

Print or Type Name of Authorized Person