



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 142315		2. Name of Corporation EAGLE DESIGN CORP.			
3. Street Address Principal Business Office 1580 West Main Road			City Middletown	State RI	Zip 02842
4. Business Phone No. 418-0858		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A PLUMBING AND ELECTRICAL BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Silveira			Vice President Name Joseph H. Silveira		
Street Address 1580 West Main Road			Street Address 1049 Wapping Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Michael J. Silveira			Treasurer Name Joseph H. Silveira		
Street Address 1580 West Main Road			Street Address 1049 Wapping Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. Silveira			Director Name Joseph H. Silveira		
Street Address 1580 West Main Road			Street Address 1049 Wapping Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	NO PAR VALUE		100	NO PAR VALUE	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

 11/21/07  
Signature Date

**Michael J. Silveira**

Print or Type Name

**President**

Title

<b>FILED</b>	
File Date	NOV 23 2007
Check No.	
By: <u>3331</u>	
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