



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

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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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. 71845		2. Name of Corporation Eddie's 529 Club, Inc.			
3. Street Address Principal Business Office 529 Warwick Ave			City Warwick	State RI	Zip 02889
4. Business Phone No. 401 941 9423		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Tavern					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bonnie Lee Donahue			Vice President Name Bonnie Lee Donahue		
Street Address 442 Lake Shore Drive			Street Address 442 Lake Shore Dr.		
City Warwick	State RI	Zip 02889	City War	State RI	Zip 02889
Secretary Name Bonnie Lee Donahue			Treasurer Name Bonnie Lee Donahue		
Street Address 442 Lake Shore Dr.			Street Address 442 Lake Shore Dr.		
City War	State RI	Zip 02889	City War	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bonnie Lee Donahue			Director Name Bonnie Lee Donahue		
Street Address 442 Lake Shore Dr.			Street Address 442 Lake Shore Dr.		
City War	State RI	Zip 02889	City War	State RI	Zip 02889
Director Name Bonnie Lee Donahue			Director Name Bonnie Lee Donahue		
Street Address 442 Lake Shore Dr.			Street Address 442 Lake Shore Dr.		
City War	State RI	Zip 02889	City War	State RI	Zip 02889
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	1000/Nopar value			N/A	
			1000	Nopar 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.

**FILED**

File Date JAN 24 2008

Check No. 10537

By [Signature]

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.

Bonnie Lee Donahue 1/22/08  
Signature Date  
BONNIE LEE DONAHUE  
Print or Type Name  
PRESIDENT  
Title