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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 2009

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.	2. Name of Corporation			
10635	EAGLE CORNICE CO., INC.			
3. Street Address Principal Business Office		City	State	Zip
89 PETTACONSETT AVENUE		CRANSTON	RI	02920
4. Business Phone No.	5. State of Incorporation			
(401) 781-5978	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
ROOFING CONTRACTING

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
J. LAWRENCE BRILLON			JON D. HOGBERG		
Street Address			Street Address		
89 PETTACONSETT AVENUE			89 PETTACONSETT AVENUE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920
Secretary Name			Treasurer Name		
JON D. HOGBERG			DAVID A. SOCCIO		
Street Address			Street Address		
89 PETTACONSETT AVENUE			89 PETTACONSETT AVENUE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
J. LAWRENCE BRILLON			DAVID A. SOCCIO		
Street Address			Street Address		
89 PETTACONSETT AVENUE			89 PETTACONSETT AVENUE		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920
Director Name			Director Name		
JON D. HOGBRG					
Street Address			Street Address		
89 PETTACONSETT AVENUE					
City	State	Zip	City	State	Zip
CRANSTON	RI	02920			

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
800	COMMON	NO PAR

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR

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.

[redacted] [redacted]

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.

[redacted] 1/6/09
Signature *Date*

J. LAWRENCE BRILLON
Print or Type Name

[redacted] PRESIDENT
Title

File Date 1-13-09
Check No. 0441
By: mnc

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30199-12-334512

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