



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. 10635		2. Name of Corporation EAGLE CORNICE CO., INC.			
3. Street Address Principal Business Office 89 PETTACONSETT AVENUE			City CRANSTON	State RI	Zip 02920
4. Business Phone No. (401) 781-5978		5. State of Incorporation 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 J. LAWRENCE BRILLON			Vice President Name JON D. HOGBERG		
Street Address 89 PETTACONSETT AVENUE			Street Address 89 PETTACONSETT AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name JON D. HOGBERG			Treasurer Name DAVID A. SOCCIO		
Street Address 89 PETTACONSETT AVENUE			Street Address 89 PETTACONSETT AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. LAWRENCE BRILLON			Director Name DAVID A. SOCCIO		
Street Address 89 PETTACONSETT AVENUE			Street Address 89 PETTACONSETT AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name JON D. HOGBERG			Director Name		
Street Address 89 PETTACONSETT AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	COMMON	NO PAR	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.

File Date	1-13-09
Check No.	0441
By:	<i>mnc</i>
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.

J. Lawrence Brillon
Signature
J. LAWRENCE BRILLON
Print of Type Name
PRESIDENT
Title

Date
1/6/09