

FOR SECRETARY OF STATE USE ONLY

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.

1. Corporate ID No. 119454	2 Name of Corp Eagle Lum				
3. Street Address Principal Business Office 3356 Post Road			City Warwick	State RI	Zip 02886
4. Business Phone No. 5. State of Incorporation Rhode Island				02000	
Brief Description of the C Sale of lumber and	Character of Business Conduction building materials.	ted in Rhode Island			
'. NAMES AND ADD President Name	RESSES OF THE OFFI	CERS: ("X" BOX FOR ATT.	ACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Michael R. Durand			Michael R. Durand		
Street Address 2030 Nooseneck Hill Road			Street Address 2030 Nooseneck Hill Road		
in Coventry	State RI	^{Zip} 02816	City	State RI	Ζφ 02816
Secretary Name Michael R. Durand			Treasurer Name Michael R. Durand		
Street Address 2030 Nooseneck Hill Road			Street Address 2030 Nooseneck Hill Road		
Coventry	State RI	Ζίρ 02816	City Coventry	State RI	^{Zip} 02816
3. NAMES AND ADD	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) 🗌 FILL (I N SPACES BEFORE USIN	IG ATTACHMENTS
Michael R. Durand	l		Director Name		
Sirvet Address			Street Address		
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Coventry	State RI	^{Zip} 02816	City	State	Zψ
Pirector Name		·····	Director Name		
street Address			Street Address		
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Ήγ	State	Zip	City	State	Zip
. SHARES AUTHORI	ZED	1		("X" BOX FOR ATTAC	
This information is a	upposition of second in all		Number of Shares	Class/Series	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			1000	Common	Par Value
nstruction sheet.	-			Common	No Par
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is report must be ex	ecuted on behalf of the	e corporation by an authorize corporation by the receiver	ea representative. If the our	corporation is in the hand	s of a receiver or truste
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			Under penalty of	perjury, I declare and affirm t	that I have examined this
1	13.10		contained herein a	ompanying schedules and sta are true and correct	itements, and that all state
File Date _ d _ o	23-09 347		_ Un,	ne Olila	()2-1
Check No	347		Signature	and the	Date
HELR INO.	MMA		Michael R. I		
3v:	フロン		Print or Type Name		

President

Title