



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No 10669		2. Name of Corporation Eagle Plating Co., inc.		
3. Street Address Principal Business Office 29 aurora st.		City Providence	State RI	Zip 02908
4. Business Phone No 401-272-1580		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a plating business				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Carlo Izzo		Vice President Name Carmel Izzo		
Street Address 29 Aurora St.		Street Address 29 Aurora St.		
City Providence	State RI	Zip 02908	City Providence	State RI
Secretary Name Carmel Izzo		Treasurer Name Carmel Izzo		
Street Address 29 Aurora St.		Street Address 29 Aurora St.		
City Prov.	State RI	Zip 02908	City Prov.	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Carlo Izzo		Director Name Carmel Izzo		
Street Address 29 Aurora St.		Street Address 29 Aurora St.		
City Providence	State RI	Zip 02908	City Providence	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 1200 comm no par value			Number of Shares 600	Class/Series common
			Par Value 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 **FILED**

Check No. **OCT 15 2009**

By: 9985

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.

Signature Carmel Izzo Date 8/17/09

Print or Type Name Carmel Izzo

Title Secretary