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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** $20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
486435	PROJECT EAGLE'S WINGS INC.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	48 WHITTIER AV	PROVIDENCE	02909
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
TO PROVIDE SPIRITUAL AND PRACTICAL COMMUNITY SUPPORT FOR THE UNDERPRIVILEGED OF DIFFERENT SOCIETIES

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

President Name	Vice President Name
MODUPE MARGARET OWOYEMI	
Street Address	Street Address
48 WHITTIER AV	
City / State / Zip	City / State / Zip
PROVIDENCE / RI / 02909	
Secretary Name	Treasurer Name
MICHELLE KABUSK	RICHARD RODERICK
Street Address	Street Address
	214 MOUNTAINDALE RD
City / State / Zip	City / State / Zip
	SMITHFIELD / RI / 02917

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

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
MODUPE MARGARET OINOYEMI	MICHELLE KABUSIK
Street Address	Street Address
48 WHITTIER AV	379 DOUGLAS PIKE UNIT 12
City / State / Zip	City / State / Zip
PROVIDENCE / RI / 02909	SMITHFIELD / RI / 02917
Director Name	Director Name
RICHARD RODERICK	
Street Address	Street Address
214 MOUNTAINDALE RD	
City / State / Zip	City / State / Zip
SMITHFIELD / RI / 02917	

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
DEC 02 2009
By 105199

[redacted]

File Date _____
Check No. 93[illegible]
By: _____
FOR SECRETARY OF STATE USE ONLY

[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.

Signature of Officer — *Date* 12/02/09

MODUPE MARGARET OINOYEMI
Print or Type Name of Officer

PRESIDENT.
Title of Officer

40766-2-447179

Form 631 Rev. 09/17