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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 2010

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			
40622	EAGLE MANAGEMENT INC.			
3. Street Address Principal Business Office		City	State	Zip
P.O. Box 1552		No. Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation			
401-295-2220	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
MANAGEMENT SERVICE

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

President Name	Vice President Name
FRED A. PADULA	JANICE M. SAUVAGEAU
Street Address: 59 LOCUST VALLEY Rd.	Street Address: 650 CAMP WESTWOOD Rd.
City: EXETER State: RI Zip: 02822	City: COVENTRY State: RI Zip: 02816
Secretary Name	**Treasurer Name**
FRED A. PADULA	Janice M. SAUVAGEAU
Street Address: 59 LOCUST VALLEY Rd.	Street Address: 650 CAMP WESTWOOD Rd.
City: EXETER State: RI Zip: 02822	City: COVENTRY State: RI Zip: 02816

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

Director Name	Director Name
FRED A. PADULA	JANICE M. SAUVAGEAU
Street Address: 59 LOCUST VALLEY Rd.	Street Address: 650 CAMP WESTWOOD Rd.
City: EXETER State: RI Zip: 02822	City: COVENTRY State: RI Zip: 02816
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED

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.

600 No Par Value

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
410	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]

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]

Signature Date

JANICE M. SAUVAGEAU
Print or Type Name

V. President
Title

File Date 2-8-2010
Check No. 1021
By: MMC
FOR SECRETARY OF STATE USE ONLY

[redacted]

44899-34-481869

Form 630 Rev. 08/08