

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 30/1

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(c), each corporation failing or refusing to file its annual report within thirty (30) days often the time prescribed by January 1.1.2-1.2.1.1.1.50

isofer to a periody fit of \$2,500.	nual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d))
1. Corporate ID No. 2 Name of Corporation EAGLE MANAGE	Emailor Tola
3. Street Address Principal Business Office	City State Zita
PO. 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	KNODE ISLAND
MANAGEMENT SERVICE	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS
President Name	Vice President Name
Street Address	JOYCE Padula
City C Samp WEST WOOD Rd.	40 WEB AVE #4
COVENTRY AT 02816	No. Kingstown State RI 02852
Janice Saurageau	Treasurer Name Joyce Padula
Street Address 650 Camp WESTINOOP Rel. City C State Zip	Street Address HO WEB AVE, #4
COVENTRY RI 02916	No Kingstown State RI 214 03852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name	
Janice Sawageau	Joyce Padula
650 Camp MESTINOUS Rd.	Sirver Address 40 WEB AUE, #4 City State 7 Zip
······································	No Kingston N State RI 02852
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
9. SHARES AUTHORIZED 600 No PAR 1/ALUE	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED
This information is currently of record in the Office of the Secretary of	Number of Shares Class/Series Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.	410 Common No Par
	100 / 110
This report must be executed on behalf of the corporation by an authorized this report must be executed on behalf of the corporation by the receiver o	I d representative. If the corporation is in the hands of a receiver or trustee, or trustee.

FILED	Under penalty of perjury, I declare and affirm including any accompanying schedules and statement contained herein are true and correct.
File Date	Signature Marrage
Check No	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Trule President