



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 491093	2. Exact name of the limited liability company Eagle-Eye Financial Investments LLC			
3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island Trading Stocks in a Brokerage Acct.			
5. Principal office address 46 HILLTOP AVE		City Providence	State RI	Zip 02908
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Abimbola Gbolade		Contact Title		
Street Address 46 HILLTOP AVE		City Providence	State RI	Zip 02908
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
Manager Name ABIMBOLA GBOLADE		Manager Name		
Street Address 46 HILLTOP AVE		Street Address		
City Providence	State RI	Zip 02908	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name		Address		
Address		City		Zip

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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SECRETARY OF STATE
CORPORATIONS DIV
2011 NOV 14 AM 10:36

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File Date	NOV 14 2011
Check No.	150463
By	
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 of Authorized Person
Date 11-14-11
ABIMBOLA GBOLADE
Print or Type Name of Authorized Person