



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 87129		2. Exact name of the Corporation Eastman Movers, Inc.					
3. Principal office address 92 New London Turnpike				City West Greenwich	State RI	Zip 02817	
4. Business Phone No. 884-9814				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island house moving business							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Raymond Barnes				Vice-President Name Donald Eastman			
Street Address 92 New London Turnpike				Street Address 20 Division Road			
City West Greenwich	State RI	Zip 02817		City West Greenwich	State RI	Zip 02817	
Secretary Name Raymond Barnes				Treasurer Name Raymond Barnes			
Street Address 92 New London Turnpike				Street Address 92 New London Turnpike			
City West Greenwich	State RI	Zip 02817		City West Greenwich	State RI	Zip 02817	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name None				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				100	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.

FILED

File Date _____

Check No _____

By: _____

JAN 30 2013

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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 Representative _____ Date 1-24-13

Raymond Barnes, President

Print or Type Name of Authorized Representative

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