RI SOS Filing Number: 201441154310 Date: 06/12/2014 4:00 PM

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 2014

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.	2. Exact name of the Corporation
487429	The Eagle Leasing Company

3. Principal office address	City	State	Zip
1 Irving Eagle Place, P.O. Box 923	Orange	CT	06477

4. Business Phone No.	5. State of Incorporation
203-795-5661	CT

6. Brief description of the character of business conducted in Rhode Island
Lease, Rent, Sale and Service of trailers and ground level storage containers.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☑

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2014 JUN 12 AM 11:31 RI SECRETARY OF STATE CORPORATIONS DIV.

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Louis Eagle			Barbara Eagle		
Street Address			Street Address		
1 Irving Eagle Place, P.O. Box 923			16 Reservoir Road		
City	State	Zip	City	State	Zip
Orange	CT	06477	Wayland	MA	01778
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	9,424	Common	1.00
	(10,000 issued)		

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 12 2014
BY CM 226307
11:31

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.

06/09/2014
Signature of Authorized Representative — Date

Joseph P. Regan
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
108184-2-944182

487429

RI ANNUAL REPORT
ATTACHMENT FOR ITEM #7
LIST OF OFFICERS

Title	Name	Address
President	Louis Eagle	1 Irving Eagle Place, P.O. Box 923 Orange, CT 06477
Vice President	Matthew Eagle	1 Irving Eagle Place, P.O. Box 923 Orange, CT 06477
Vice President	David Eagle	258 Turnpike Road, Southboro, MA 01772
VP, Secretary	Mark Eagle	258 Turnpike Road, Southboro, MA 01772
CFO, Tresurer	Joseph Regan	1 Irving Eagle Place, P.O. Box 923 Orange, CT 06477