



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity 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 business conducted in Rhode Island Trading Stocks			
5. Principal office address 6 ROLFE SQUARE		City CRANSTON	State RI	Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Abimbola Gbolade		Contact Title Manager			
Street Address 6 ROLFE SQUARE		City CRANSTON	State RI	Zip 02910	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (*X BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Abimbola Gbolade		Manager Name			
Street Address 6 ROLFE SQUARE		Street Address			
City CRANSTON	State RI	Zip 02910	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND:					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2014 DEC - 1 PM 12:39

FILED
 DEC 01 2014
 By AB7625
 A.A.

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.

Abimbola Gbolade **12-01-2014**
 Signature of Authorized Person Date
Abimbola Gbolade
 Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By: _____
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