



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

2016

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. 38778		2. Exact name of the Corporation EAGLE ISLAND INVESTMENT ³ INC. <i>Grat</i>			
3. Principal office address 116 E. Manning Street		City Providence	State RI	Zip 02906	
4. Business Phone No. 401-751-4880		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Holds and owns real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Russell D. Raskin			Vice-President Name Peter Berman		
Street Address 116 E. Manning Street			Street Address 116 E. Manning Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name David L. Yavner			Treasurer Name Russell D. Raskin		
Street Address 116 E. Manning Street			Street Address 116 E. Manning Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Peter Berman			Director Name David Yavner		
Street Address 116 E. Manning Street			Street Address 116 E. Manning Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Russell D. Raskin			Director Name		
Street Address 116 E. Manning Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	none

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

DEC 21 2015

BY *KL 5278*

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

Print or Type Name of Authorized Representative