

R.I. DEPT. OF STATE BUS SYUS DIV

2016 NOV 29 AM 10: 25

Annual Report for the year: ____ **Limited Liability Company**

→ Filing period: September 1 - November 1
 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 139517	2. Exact name of the Limited Liability Company EAGLE ENTERPRISES, LLC					
3. NAICS Code 53 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island TO OWN, MANAGE AND MAINTAIN REAL ESTATE AND ANY AND ALL OTHER LEGAL PURPOSES					
6. Principal Office Address 28 GARFIELD AVENUE			City	State	Zip	
			CRANSTON	RI	02920	
7. Mailing Address of Limited Lia	bility Compa	any and Name or			· · · · · · · · · · · · · · · · · · ·	
Contact Name DAVID GILLIGAN			Contact Title MEMBER			
Street Address 28 GARFIELD AVENUE			City CRANSTON	State RI	^{Zip} 02920	
8. List ALL managers (names an	d addresse:	s) of the Limited I	iability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		L		Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Island	d. This inform	nation is currently of	frecord with the Department of Stat	te. Changes require filin	g Form 642.	
Under penalty of perjury, I decl statements, and that all statements	are and affi	rm that I have e.	xamined this report, including			
Name of Authorized Person				Date	Date	
DAVID GILLIGAN-MEMBER				1∳/∂⊋/2016		
Signature of Authorized Person	1	SKIND	QCIMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED C

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