



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 38778		2. Exact name of the Corporation Eagle Island Investment Group			
3. Principal Office Address 116 E. Manning Street		City Providence		State RI	Zip 02906
4. NAICS Code 53	6. Brief description of the character of business conducted in Rhode Island Holds and owns real estate				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Berman			Director 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
Director Name David L. Yavner			Director Name		
Street Address 116 E. Manning Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		common		none	
11. 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. 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.					
Name of Authorized Representative DAVID YAVNER				Date 1-3-17	
Signature of Authorized Representative					

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

JAN 06 2017

BY

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FORM 630 - Revised: 10/2016