



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.

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 RI DEPT OF STATE
 BUS SERVICES DIV
 2017 FEB 22 PM 2:07

1. Entity ID Number 135540		2. Exact name of the Corporation EID MANAGEMENT AND BUSINESS CORPORATION			
3. Principal Office Address 9 WEST RIDGE DRIVE			City TIVERTON	State RI	
4. NAICS Code 55 - Management of Companies		6. Brief description of the character of business conducted in Rhode Island MANAGEMENT AND CONSULTING BUSINESS			
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 LARA EID			Vice-President Name NONE		
Street Address 9 WEST RIDGE DRIVE			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name LARA EID			Treasurer Name IBRAHIM EID		
Street Address 9 WEST RIDGE DRIVE			Street Address 9 WEST RIDGE DRIVE		
City TIVERTON	State RI	Zip 02878	City TIVERTON	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LARA EID			Director Name		
Street Address 9 WEST RIDGE DRIVE			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		CLASS/SERIES
			200		COMMON
					PAR VALUE
					NO PAR
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 LARA EID, PRESIDENT <i>L. EID</i>					Date 2/17/2018
Signature of Authorized Representative					

FILED

SIGN DOCUMENT HERE

FEB 22 2017

By *[Signature]*