



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 937920		2. Exact name of the Corporation Early Bird Distributing Corp.			
3. Principal Office Address 1 Leo Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 48-49		6. Brief description of the character of business conducted in Rhode Island The purpose of any lawful business Delivery Service			
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 Irving LeClair			Vice-President Name None		
Street Address 1 Leo Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Irving LeClair			Treasurer Name Irving LeClair		
Street Address 1 Leo Street			Street Address 1 Leo Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Irving LeClair			Director Name		
Street Address 1 Leo Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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	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 Irving LeClair				Date 3-1-17	
Signature of Authorized Representative <i>Irving LeClair</i>				FILED SIGN DOCUMENT HERE MAR 20 2017 BY <i>[Signature]</i>	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov