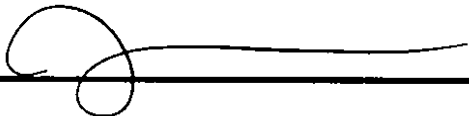




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2018  
**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 <b>0000 40622</b>		2. Exact name of the Corporation <b>EAGLE MANAGEMENT INC.</b>	
3. Principal Office Address <b>P.O. BOX 1552</b>		City <b>NO. KINGSTOWN</b>	State <b>RI</b>
		Zip <b>02852</b>	
4. NAICS Code <b>541618</b>	6. Brief description of the character of business conducted in Rhode Island <b>MANAGEMENT SERVICE</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JANICE SAUVAGEAU</b>		Vice-President Name <b>JOYCE PADULA</b>	
Street Address <b>650 CAMP WESTWOOD RD.</b>		Street Address <b>116 WOOD COVE DRIVE</b>	
City <b>COVENTRY</b>	State <b>RI</b>	City <b>COVENTRY</b>	State <b>RI</b>
Zip <b>02816</b>		Zip <b>02816</b>	
Secretary Name <b>JANICE SAUVAGEAU</b>		Treasurer Name <b>JOYCE PADULA</b>	
Street Address <b>650 CAMP WESTWOOD RD.</b>		Street Address <b>116 WOOD COVE DRIVE</b>	
City <b>COVENTRY</b>	State <b>RI</b>	City <b>COVENTRY</b>	State <b>RI</b>
Zip <b>02816</b>		Zip <b>02816</b>	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>JANICE SAUVAGEAU</b>		Director Name <b>JOYCE PADULA</b>	
Street Address <b>650 CAMP WESTWOOD RD.</b>		Street Address <b>116 WOOD COVE DRIVE</b>	
City <b>COVENTRY</b>	State <b>RI</b>	City <b>COVENTRY</b>	State <b>RI</b>
Zip <b>02816</b>		Zip <b>02816</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <b>600 NO PAR VALUE</b>		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <b>410</b>	CLASS/SERIES <b>COMMON</b>
		PAR VALUE <b>NO PAR</b>	
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.			
<b>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.</b>			
Name of Authorized Representative <b>JANICE M. SAUVAGEAU</b>			Date <b>1-26-18</b>
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 29 2018**

BY 1256