



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100509		2. Name of Corporation Eagle Consulting Group, Inc.			
3. Street Address Principal Business Office 4 JOYCEGLEN STREET			City WARWICK	State RI	Zip 02886
4. Business Phone No. 4018846569		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS CONSULTING SERVICES, INCLUDING ACCOUNTING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dean A. Burdon			Vice President Name .		
Street Address 4 JOYCEGLEN STREET			Street Address .		
City Warwick	State RI	Zip 02886	City .	State .	Zip .
Secretary Name Dean A. Burdon			Treasurer Name Dean A. Burdon		
Street Address 4 JOYCEGLEN STREET			Street Address 4 JOYCEGLEN STREET		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$ .01 PAR VALUE		1000	Common	\$ .01 Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 0 5 0 9

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.

Dean A. Burdon 2/16/05  
Signature of Officer Date  
DEAN A. BURDON  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

\*100509 DBC 02/14/05 04:04:15 PM\*

File Date FILED

Check No. FEB 28 2005 1195

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *100509*		2. Name of Corporation Eagle Consulting Group, Inc.			
3. Street Address Principal Business Office 4 Joyceglen Street			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 884-6569		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS CONSULTING SERVICES, INCLUDING ACCOUNTING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dean A. Burdon			Vice President Name		
Street Address 4 Joyceglen Street			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Dean A. Burdon			Treasurer Name Dean A. Burdon		
Street Address 4 Joyceglen Street			Street Address 4 Joyceglen Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$ .01 PAR VALUE		1,000	Common	\$ .01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 0 5 0 9 \*

\*\*100509\* 1/27/04 **FILED** M\*

File Date: MAR 02 2004

Check No. By VN22251

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Dean A. Burdon 2/17/04  
Signature of Officer Date  
Dean A. Burdon  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *100509*		2. Name of Corporation Eagle Consulting Group, Inc.			
3. Street Address Principal Business Office 4 Joyceglan Street			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 884-6569		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS CONSULTING SERVICES, INCLUDING ACCOUNTING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dean A. Burdon			Vice President Name .		
Street Address 4 Joyceglan Street			Street Address .		
City Warwick	State RI	Zip 02886	City .	State .	Zip .
Secretary Name Dean A. Burdon			Treasurer Name Dean A. Burdon		
Street Address 4 Joyceglan Street			Street Address 4 Joyceglan Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
8,000			\$.01 PAR VALUE	Number of Shares	
				Class/Series	
				Par Value	
				1,000	
				Common	
				\$.01	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 0 5 0 9 \*

\*\*100509\* 1/27/03 2:19:40 PM\*

File Date 2/3/03

Check No. 1201

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/31/03

Signature of Officer Date

Dean A. Burdon

Print or Type Name of Officer

President

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100509** 2. Name of Corporation **Eagle Consulting Group, Inc.**  
3. Street Address Principal Business Office **P.O. Box 1634** City **East Greenwich** State **RI** Zip **02818**  
4. Business Phone No. **(401) 884-6569** 5. State of Incorporation **RI** 6. SIC Code \_\_\_\_\_  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Business consulting services, including accounting services.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Dean A. Burdon</b>	Vice President Name _____
Street Address <b>P.O. Box 1634</b>	Street Address _____
City <b>East Greenwich</b> State <b>RI</b> Zip <b>02818</b>	City _____ State _____ Zip _____
Secretary Name <b>Dean A. Burdon</b>	Treasurer Name <b>Dean A. Burdon</b>
Street Address <b>P.O. Box 1634</b>	Street Address <b>P.O. Box 1634</b>
City <b>East Greenwich</b> State <b>RI</b> Zip <b>02818</b>	City <b>East Greenwich</b> State <b>RI</b> Zip <b>02818</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b>	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>8,000</b>	<b>\$.01 Par Value</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>Common</b>	<b>\$.01 Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/7/02  
Check No.: 1173  
By: DA

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.  
Dean A. Burdon 2/6/02  
Signature of Officer Date  
**Dean A. Burdon**  
Print or Type Name of Officer  
**Secretary**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100509** 2. Name of Corporation **Eagle Consulting Group, Inc.**  
3. Street Address Principal Business Office **P.O. Box 1634** City **East Greenwich** State **RI** Zip **02818**  
4. Business Phone No. **(401) 884-6569** 5. State of Incorporation **Rhode Island** 6. SIC Code **7286**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Business consulting services, including accounting services.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b> Dean A. Burdon	<b>Vice President Name</b> 
<b>Street Address</b> P.O. Box 1634	<b>Street Address</b> 
<b>City</b> <b>East Greenwich</b> <b>State</b> <b>RI</b> <b>Zip</b> <b>02818</b>	<b>City</b> <b>State</b> <b>Zip</b>
<b>Secretary Name</b> Dean A. Burdon	<b>Treasurer Name</b> Dean A. Burdon
<b>Street Address</b> P.O. Box 1634	<b>Street Address</b> P.O. Box 1634
<b>City</b> <b>East Greenwich</b> <b>State</b> <b>RI</b> <b>Zip</b> <b>02818</b>	<b>City</b> <b>State</b> <b>Zip</b> <b>02818</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b> NONE	<b>Director Name</b> 
<b>Street Address</b> 	<b>Street Address</b> 
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>
<b>Director Name</b> 	<b>Director Name</b> 
<b>Street Address</b> 	<b>Street Address</b> 
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**  
Number of Shares **8,000** Class/Series **\$.01 Par Value** Par Value

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**  
Number of Shares **1,000** Class/Series **Common** Par Value **\$.01 Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: **FEB 20 2001**  
Check No.: **BBY 1138**  
By: **[Signature]**

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.

**[Signature]** **2/16/01**  
Signature of Officer Date

**Dean A. Burdon**  
Print or Type Name of Officer

**Secretary**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100509** 2. Name of Corporation **Eagle Consulting Group, Inc.**

3. Street Address Principal Business Office **P.O. Box 1634** City **East Greenwich** State **RI** Zip **02818**

4. Business Phone No. **401-884-6569** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7280286**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Business consulting services, including accounting services.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name  
**Dean A. Burdon**  
Street Address  
**P.O. Box 1634**  
City State Zip  
**East Greenwich RI 02818**

Vice President Name  
  
Street Address  
  
City State Zip

Secretary Name  
**Dean A. Burdon**  
Street Address  
**P.O. Box 1634**  
City State Zip  
**East Greenwich RI 02818**

Treasurer Name  
**Dean A. Burdon**  
Street Address  
**P.O. Box 1634**  
City State Zip  
**East Greenwich RI 02818**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  
**NONE**  
Street Address  
  
City State Zip

Director Name  
  
Street Address  
  
City State Zip

Director Name  
  
Street Address  
  
City State Zip

Director Name  
  
Street Address  
  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 \$ .01 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 Common \$ .01 Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2-23-00  
Check No.: 1083  
By: AMF  
FOR SECRETARY OF STATE USE ONLY

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.

Dean A. Burdon 2/21/00  
Signature of Officer Date  
**Dean A. Burdon**  
Print or Type Name of Officer  
**Secretary**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>100509</b>		2. Name of Corporation <b>Eagle Consulting Group, Inc.</b>			
3. Street Address Principal Business Office <b>P.O. Box 1634</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
4. Business Phone No. <b>401-884-6569</b>		5. State of Incorporation <b>RHODE ISLAND</b>			SIC Code <b>7286</b>
7. Vice President of the Secretary of Business Conduct of Rhode Island <b>Business consulting services, including accounting services.</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Dean A. Burdon</b>			Vice President Name		
Street Address <b>P.O. Box 1634</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>Dean A. Burdon</b>			Treasurer Name <b>Dean A. Burdon</b>		
Street Address <b>P.O. Box 1634</b>			Street Address <b>P.O. Box 1634</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$.01 PAR VALUE</b>		<b>1,000</b>	<b>Common</b>	<b>\$.01 Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **FILED**  
Check No.: **FEB 01 1999**  
By: **1023**  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **Dean A. Burdon** Date: **1/29/99**  
Print or Type Name of Officer: **Dean A. Burdon**  
Title of Officer: **Secretary**