



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

FILED

Annual Report for the year: 2019
 Corporation

DEC 21 2018
 BY SSK/
JK

- 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 53110		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		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	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 L. Yavner				Date 12-19-18	
Signature of Authorized Representative 				PLACE DOCUMENT HERE	

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