



Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

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STAMP

FOR
SECRETARY OF STATE
USE ONLY

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 FEB 20 PM 3:10

2019 FEB -8 AM 10:27

1. Entity ID Number 000039749		2. Exact name of the Corporation Eagle Motors, Inc.			
3. Principal Office Address 172 Chapel Street			City Harrisville	State RI	Zip 02830
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Auto sales and service.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. DePalo			Vice-President Name Robert A. DePalo		
Street Address 45 Plainfield Pike			Street Address 45 Plainfield Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Robert A. DePalo			Treasurer Name Robert A. DePalo		
Street Address 45 Plainfield Pike			Street Address 45 Plainfield Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. DePalo			Director Name		
Street Address 45 Plainfield Pike			Street Address		
City Foster	State RI	Zip 02825	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
			100.		A
			PAR VALU		No Par Value
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. <i>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.</i>					
Name of Authorized Representative Robert A. DePalo				Date January 21, 2019	
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED ←		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY CN 77071