s	tate of Rhode Island and Pro	vidence Plantations	Fee: \$50.00
	Office of the Secreta	ry of State	
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
HOPE	(401) 222-304	40	
Limited Liability Com	pany		
Annual Report			
Filing Period: September 1	- November 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>000507659</u>			
2. Exact Name of the Limited Liability Company EAGLE QUONSET POINT, LLC			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download			
the list of codes here. More information on <u>NAICS</u> can be found online.			
<u>811310</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
		-	
TO ENGAGE IN ACQUIRING, OPERATING AND MANAGING DESIGN AND			
MANUFACTURING			
BUSINESSES			
5. Principal Office Addres	SS		
No. and Street: 15 GF	RAY LANE, SUITE 403		
City or Town: <u>ASHA</u>	<u>AWAY</u> St	tate: <u>RI</u> Zip: <u>02804</u> C	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
	RAY LANE, SUITE 403		
City or Town: ASHA	· · · · · · · · · · · · · · · · · · ·	ate: <u>RI</u> Zip: <u>02804</u> C	country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, 2	Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

HENRY R. KATES, ESQ. ONE RICHMOND SQUARE, SUITE 228W PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 28 Day of October, 2019 at 12:37:11 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>HENRY R. KATES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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