



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 138668		2. Name of Corporation P.H. EAGLE SQUARE, INC.			
3. Street Address Principal Business Office 79 EAGLE ST			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 201-393-0600 x6051		5. State of Incorporation RHODE ISLAND			6. SIC Code 5651
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A RETAIL STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ALAN ADYS			Vice President Name MURRAY SEFFON		
Street Address 19 HEATHCOTE RD			Street Address 2601 AVE M		
City GLAUBALL	State NY	Zip 10983	City BIRKWD	State NY	Zip 11210
Secretary Name ALBERT ERANI			Treasurer Name DENNIS ERANI		
Street Address FARM ROAD			Street Address 860 UN PLAZA		
City BIRACHTT MANA	State NY	Zip 10510	City NY	State NY	Zip 10017
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
100 COMM \$0.01 PAR VALUE			100	COMM \$0.01	.01

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



\*138668\*

File Date 1/10/05  
Check No. 1003  
By: US.  
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 Murray Seffon Date 1/8/05  
Print or Type Name of Officer MURRAY SEFFON  
Title of Officer VP