



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2020  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|   |       |  |                      |                 |              |
|---|-------|--|----------------------|-----------------|--------------|
| 1. Entity ID Number<br>001664833  |       | 2. Exact name of the Limited Liability Company<br>Eagle Rental, I.I.C  |                      |                 |              |
| 3. NAICS Code<br>532284   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Ownership and operation of boats of all kinds |                      |                 |              |
| 5. State of Formation<br>Rhode Island   |       |  |                      |                 |              |
| 6. Principal Office Address<br>Admiral's Gate Tower, 221 Third St., Suite 510   |       |  | City<br>Newport      | State<br>RI     | Zip<br>02840 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                      |                 |              |
| Contact Name Daniel Bickford  |       |  | Contact Title Member |                 |              |
| Street Address PO Box 2134  |       |  | City Waterville      | State ME        | Zip 04903    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                      |                 |              |
| Manager Name  |       |  | Manager Name         |                 |              |
| Street Address  |       |  | Street Address       |                 |              |
| City  | State | Zip  | City                 | State           | Zip          |
| Manager Name  |       |  | Manager Name         |                 |              |
| Street Address  |       |  | Street Address       |                 |              |
| City  | State | Zip  | City                 | State           | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                      |                 |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |  |                      |                 |              |
| <b>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.</b> |       |  |                      |                 |              |
| Name of Authorized Person<br>Daniel Bickford  |       |  |                      | Date<br>10-1-20 |              |
| Signature of Authorized Person  |       |  |                      |                 |              |

**MAIL TO:**  
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