



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

STATE  
**FILED**  
 NOV 19 2020  
 4673  
 BY [Signature]

**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.

|   |       |   |                           |                     |     |
|---|-------|---|---------------------------|---------------------|-----|
| 1. Entity ID Number<br><b>162011</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Eagle Associates. LLC</b>  |                           |                     |     |
| 3. NAICS Code<br><b>236115</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Transaction of any legal and lawful business for which limited liability companies may be formed.</b> |                           |                     |     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |   |                           |                     |     |
| 6. Principal Office Address<br><b>17 Spencer Road</b>   |       | City<br><b>Greenville</b>   | State<br><b>RI</b>        | Zip<br><b>02828</b> |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                           |                     |     |
| Contact Name<br><b>Nicholas Piti</b>  |       | Contact Title<br><b>Member</b>  |                           |                     |     |
| Street Address<br><b>17 Spencer Road</b>  |       | City<br><b>Greenville</b>   | State<br><b>RI</b>        | Zip<br><b>02828</b> |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                           |                     |     |
| Manager Name<br><b>None</b>   |       | Manager Name<br><b>None</b>   |                           |                     |     |
| Street Address  |       | Street Address  |                           |                     |     |
| City  | State | Zip   | City                      | State               | Zip |
| Manager Name<br><b>None</b>   |       | Manager Name<br><b>None</b>   |                           |                     |     |
| Street Address  |       | Street Address  |                           |                     |     |
| City  | State | Zip   | City                      | State               | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                           |                     |     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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><b>Nicholas Piti</b>   |       |   | Date<br><b>11-16-2020</b> |                     |     |
| Signature of Authorized Person<br><i>Nicholas Piti</i>  |       | <b>SIGN DOCUMENT HERE</b>   |                           |                     |     |

**MAIL TO:**  
 Division of Business Services  
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