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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

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JAN 21 2021

BY

Annual Report for the year: 2021

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
000798404	**Eastwind Corporation**

3. Principal Office Address	City	State	Zip
One Phillips Road	**Holbrook**	**MA**	**02343**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
237310 & 237990	**Construction**
5. State of Incorporation	
Massachusetts	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Earl Fagan**			Vice-President Name **none**		
Street Address **One Phillips Road**			Stree: Address		
City **Holbrook**	State **MA**	Zip **02343**	City	State	Zip
Secretary Name **Earl Fagan**			Treasurer Name **Earl Fagan**		
Street Address **One Phillips Road**			Street Address **One Phillips Road**		
City **Holbrook**	State **MA**	Zip **02343**	City **Holbrook**	State **MA**	Zip **02343**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Earl Fagan**			Director Name		
Street Address **One Phillips Road**			Street Address		
City **Holbrook**	State **MA**	Zip **02343**	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**20,000**	**CNP**	**without par value**
Changes require an additional filing.			

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.

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.

Name of Authorized Representative	Date
Earl Fagan	**1/18/2021**

Signature of Authorized Representative

SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017