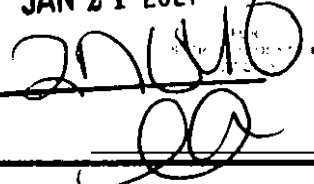




State of Rhode Island and Providence Plantations

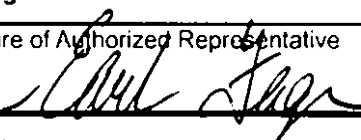
Department of State - Business Services Division

FILED**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 000798404		2. Exact name of the Corporation Eastwind Corporation			
3. Principal Office Address One Phillips Road			City Holbrook	State MA	Zip 02343
4. NAICS Code 237310 & 237990		6. Brief description of the character of business conducted in Rhode Island 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			Street 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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALU		
			without par value		
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 Earl Fagan				Date 1/18/2021	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	