

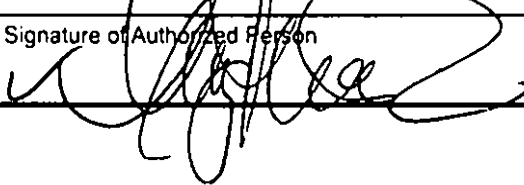


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**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><b>00940818</b>                                                                                                                                                                      |       | 2. Exact name of the Limited Liability Company<br><b>EASTERBROOKS &amp; ASSOCIATES, LLC</b>                                                        |                                      |                        |                     |
| 3. NAICS Code<br><b>541370</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Land surveying and any lawful business related to surveying.</b> |                                      |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |       |                                                                                                                                                    |                                      |                        |                     |
| 6. Principal Office Address<br><b>2497 Boston Neck Road</b>                                                                                                                                                 |       | City<br><b>Saunderstown</b>                                                                                                                        |                                      | State<br><b>RI</b>     | Zip<br><b>02874</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                    |                                      |                        |                     |
| Contact Name <b>Amy N. Sonder</b>                                                                                                                                                                           |       |                                                                                                                                                    | Contact Title <b>Managing Member</b> |                        |                     |
| Street Address <b>2497 Boston Neck Road</b>                                                                                                                                                                 |       | City <b>Saunderstown</b>                                                                                                                           |                                      | State <b>RI</b>        | Zip <b>02874</b>    |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                                                    |                                      |                        |                     |
| <i>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.</i> |       |                                                                                                                                                    |                                      |                        |                     |
| Name of Authorized Person<br><b>Amy N. Sonder, Managing Member</b>                                                                                                                                          |       |                                                                                                                                                    |                                      | Date<br><b>9/27/21</b> |                     |
| Signature of Authorized Person<br>                                                                                        |       |                                                                                                                                                    |                                      | 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](http://www.sos.ri.gov)