



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 07 2023
BY 1037 ES

1. Entity ID Number 001698590		2. Exact name of the Corporation Eagle Eye Holding Company			
3. Principal Office Address 20 Walnut Street			City Jamestown	State RI	Zip 02835
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island Engaging in any lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael A. Harrington			Vice-President Name Paul C. Harrington		
Street Address 7 Abbeville Court			Street Address 58 Cindy Lane		
City Bluffton	State SC	Zip 29910	City Cranston	State RI	Zip 02921
Secretary Name Paul C. Harrington			Treasurer Name Michael A. Harrington		
Street Address 58 Cindy Lane			Street Address 20 Walnut Street		
City Cranston	State RI	Zip 02921	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael A. Harrington			Director Name Paul C. Harrington		
Street Address 7 Abbeville Court			Street Address 58 Cindy Lane		
City Bluffton	State SC	Zip 29910	City Cranston	State RI	Zip 02921
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 6,720	CLASS/SERIES Common	PAR VALUE No 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 Michael A. Harrington				Date 2/28/2023	
Signature of Authorized Representative 					

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: 11/2021