



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2024
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1. Entity ID Number 10635		2. Exact name of the Corporation Eagle Cornice Co., Inc.			
3. Principal Office Address 89 Pettaconsett Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 238160		6. Brief description of the character of business conducted in Rhode Island Roofing contracting.			
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 David A. Soccio			Vice-President Name Jon D. Hogberg		
Street Address 89 Pettaconsett Avenue			Street Address 89 Pettaconsett Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Joseph L. Brillon, III			Treasurer Name David A. Soccio		
Street Address 89 Pettaconsett Avenue			Street Address 89 Pettaconsett Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph L. Brillon, III			Director Name Jon D. Hogberg		
Street Address 89 Pettaconsett Avenue			Street Address 89 Pettaconsett Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name David A. Soccio			Director Name		
Street Address 89 Pettaconsett Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	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 David A. Soccio, President				Date 2/1/24	
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