




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.

**FILED
STAMP**
MAR 07 2024
BY 7192
DS

1. Entity ID Number 87129		2. Exact name of the Corporation Eastman Movers, Inc.	
3. Principal Office Address 92 New London Turnpike		City West Greenwich	State RI
		Zip 02817	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Household moving company		
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 Raymond Barnes		Vice-President Name Donald Eastman	
Street Address 92 New London Turnpike		Street Address 20 Division Road	
City West Greenwich	State RI	Zip 02817	City West Greenwich
		State RI	Zip 02817
Secretary Name Raymond Barnes		Treasurer Name Raymond Barnes	
Street Address 92 New London Turnpike		Street Address 92 New London Turnpike	
City West Greenwich	State RI	Zip 02817	City West Greenwich
		State RI	Zip 02817
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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 <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	
		100	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 Raymond A. Barnes			Date 2-25-2024
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