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
MAR 27 2024
BY 1315

1. Entity ID Number	2. Exact name of the Corporation
000144480	Eagle Motors Sunoco, Inc.

3. Principal Office Address	City	State	Zip
c/o AFS: David M. D'Agostino, Esq., P.O. Box 46	North Scituate	RI	02857

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
447110	Operation of Gasoline Filling Station with Convenience Store
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Robert A. DePalo			Robert A. DePalo		
Street Address: 45 Plainfield Pike			Street Address: 45 Plainfield Pike		
City: Foster	State: RI	Zip: 02825	City: Foster	State: RI	Zip: 02825
Secretary Name: Robert A. DePalo			Treasurer Name: Robert A. DePalo		
Street Address: 45 Plainfield Pike			Street Address: 45 Plainfield Pike		
City: Foster	State: RI	Zip: 02825	City: Foster	State: RI	Zip: 02825

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Robert A. DePalo					
Street Address: 45 Plainfield Pike			Street Address		
City: Foster	State: RI	Zip: 02825	City	State	Zip
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	N/A	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	Date
Robert A. DePalo	x 3/11/24

Signature of Authorized Representative

x Pres.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov