



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 000144480		2. Exact name of the Corporation Eagle Motors Sunoco, Inc.				
3. Principal Office Address c/o AFS: David M. D'Agostino, Esq., P.O. Box 46		City North Scituate		State RI	Zip 02857	
4. NAICS Code 447110		6. Brief description of the character of business conducted in Rhode Island Operation of Gasoline Filling Station with Convenience Store				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name Robert A. DePalo			Vice-President 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	
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name Robert A. DePalo			Director Name			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
		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 Robert A. DePalo					Date 3/11/24	
Signature of Authorized Representative 						