



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 1313
DS

1. Entity ID Number 000039749		2. Exact name of the Corporation Eagle Motors, 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 811111		6. Brief description of the character of business conducted in Rhode Island Auto Sales and Service			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SHARES A	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 Robert A. DePalo				Date X 3/11/24	
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