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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.

1. Entry ID Number 38778		2. Exact name of the Corporation Eagle Island investment Group			
3. Principal Office Address 116 E. Manning Street			City Providence	State RI	Zip 02906
4. NAICS Code 53		6. Brief description of the character of business conducted in Rhode Island Holds and owns real estate			
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 Russell D. Raskin			Vice-President Name David L. Yavner		
Street Address 116 E. Manning Street			Street Address 116 E. Manning Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name David L. Yavner			Treasurer Name Russell D. Raskin		
Street Address 116 E. Manning Street			Street Address 116 E. Manning Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David L. Yavner			Director Name Russell D. Raskin		
Street Address 116 E. Manning Street			Street Address 116 E. Manning Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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.		NUMBER OF SHARES		CLASSIFICATION	
Changes require an additional filing.		100		common none	
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 swear 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 L. Yavner					Date 7-8-24
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2816
Phone: (401) 222-3040
Website: www.sos.ri.gov

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