



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001708438

2. Name of Corporation Eagle Speed

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624110

4. Principal Office Address

No. and Street: 91 MAIN STREET, SUITE 113
ATTENTION: ERIC GUNNESS

City or Town: WARREN

State: RI Zip: 02885 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROVIDE COACHING, MENTORING, TEACHING, AND INSTRUCTION AROUND
RUNNING AND FITNESS EVENTS, WORKOUTS, AND OTHER PROGRAMMING FOR
AREA YOUTH AND ADULTS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	JONATHAN BARNES	17 VIALLS DRIVE BARRINGTON, RI 02806 US
DIRECTOR	ERIC LARSON GUNNESS	2 HOPE COURT BARRINGTON, RI 02806 US
DIRECTOR	MICHELLE LEFORT	9 PINE TOP RD BARRINGTON, RI 02806 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DANA GRAVINA 1 TURKS HEAD PLACE SUITE 1440 PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 9 Day of August, 2024 at 10:12:54 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ERIC GUNNESS
Signature of Authorized Person

Form No. 631
Revised 09/07

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