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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2025 APR 16 12: 0

1. Entity ID Number	2. Exact name of the Limited Liability Company			
000162011	EAGLE ASSOCIATES, LLC			
3. NAICS Code 236115 5. State of Formation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island TRANSACTION OF ANY LEGAL AND LAWFUL BUSINESS FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED TITLE: 7-16			
6. Principal Office Address 17 SPENCER ROAD		City	State	Zip
		GREENVILLE	RI	02828
7. Mailing Address of Limited Li	ability Company and Name or Titl	e of Contact Person		<del></del>
Contact Name NICHOLAS PITI		Contact Title SOLE MEMBER		
Street Address 17 SPENCER ROAD		City GREENVILLE	State RI	<sup>Zip</sup> 02828
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
	declare and affirm that I have ex ments contained herein are true		any accompany	ing schedules and
Name of Authorized Person			Date	
NICHOLAS PITI			4-12-25	
Signature of Authorized Person  Number  Piti			•	

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

