

A. Ralph Mollis, Secretary of St. Corporations Divis 148 W. River Str Providence, RI 02904-20 401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(codd)) is the composition of the composition of the code of the code

	1501(e), each corporatio					
subject to a penalty fee of \$25.00.	2. Name of Corporat	sion				
1. Corporate ID No.	Egan and	l Son General	Contracting Inc			
0037019 3. Street Address Principal Business (City	State	Zψ	
122 John Mowr			Smithfield	RI	02917	
4. Business Phone No.	<u>y Rodd</u>	5. State of Incorporation				
1		Rhode Is	land			
6. Brief Description of the Character	of Business Conducted	in Rhode Island				
General Contr 7. NAMES AND ADDRESSES	acting, Ho	ome Repairs a RS: ("X" BOX FOR ATT	nd any other Lav ACHMENT) TRILL IN SPA Vice President Name	wful Business ACES BEFORE USING AT	TACHMENTS	
President Name			PROE FIGURES FIGURE			
JAMES R EGAN	_		ARTHUR EGAN			
Street Address			Street Address	TV DAND		
122 JOHN MOWE	RY ROAD		122 JOHN MOW	State State	Zip	
City	State	Ζip	City	·	1 1	
SMITHFIELD	RI	02917	SMITHFIELD	RI	1 02917	
Secretary Name				Treasurer Name		
JAMES R EGAN			JAMES R EGAN	<u> </u>		
Street Address				Street Address		
122 JOHN MOW	RY ROAD		122 JOHN MOW		7/0	
City	State	Zip	City	State	Zip	
	DT	02917	SMITHFIELD	RI	1 02917	
SMITHFIELD 8. NAMES AND ADDRESSE	S OF THE DIREC	TORS: ("X" BOX FOR A	SMITHFIELD	SPACES BEFORE USING	ATTACRMENTS	
Director Name			Director Name			
				<u></u>		
Street Address			Street Address	Street Address		
City	State	Ζip	Clty	State	Zip	
Crip						
Director Name			Director Name			
Director runne			<u> </u>			
Court Address	 		Street Address			
Street Address						
Class	State	Zip	Clty	State	Zíp	
City	Ì					
A A			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
O CHARRE AUTHORIZED				ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
9. SHARES AUTHORIZED	will All	-PAS	ISSUED SHARES — THIS SEC	TION MOOT BE COME SETTE		
600 - Com.	MIN-NO		Blumbar of Charge	Class/Series	Par Value	
7 This information is curren	MCN - NO	Office of the Secretary	Blumbar of Charge		Par Value	
This information is curren State. Changes require an	MCN - NO	Office of the Secretary	of Number of Shares		Par Value NO-PAR	
7 This information is curren	MCN - NO	Office of the Secretary	Blumbar of Charge	Class/Series		
This information is curren State. Changes require an instruction sheet.	tly of record in the additional filing.	e Office of the Secretary of See Section 9 of	of Number of Shares 600	Class/Series Common	NO-PAR	
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