

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 37019	2. Name of Corporation	2. Name of Corporation Egan and Son General Contracting Inc.				
3. Street Address Principal Business Office			City State Zip			
29 John Mowry Road			Smithfield	RI	(0ଅକୁ, /	
4. Business Phone No. 5. State of Incorporation			_			
401 232-7932 Rhode Isla 6. Brief Description of the Character of Business Conducted in Rhode Island			<u>nd</u>			
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
James R Egan			Arthur Egan			
Street Address			Street Address			
29 John Mowry Road			29 John Mowry Road			
City	State	Zip	City	State	Zip	
Smithfield Secretary Name	lRI	L 02917	Smithfield Treasurer Name	RI	l.029.1.7	
James R Egan			James R Egan			
Street Address			Street Address			
29 John Mowry Road			29 John MOwry Road			
City	State	Zip	City	State	Zip	
Smithfield 8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	1 02917 S: ("X" BOX FOR ATT	: Smithfield ACHMENT) FILL IN SI Director Name	I RI PACES BEFORE USING	102917 GATTACHMENTS	
Street Address			Street Address			
СЦУ	State	Zip	Сиу	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
CHy	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED (" ISSUED SHARES — THIS SECTION	•	MENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Spares	Class/Series	Par Value	
			600 Common	Common	No Par	
			No Par Value			
This report must be executed this report must be executed of	on behalf of the corp	oration by an authorize	d representative. If the corp	poration is in the hands	of a receiver or trustee,	
	and the control of th	name of the recenter (Under penalty of perju	ary, I declare and affirm the	nat I have examined this repor tements, and that all statement	
File Date FILED			contained herein are to		Date 2/2 8//	
Check NoFEB 2 3 2010			Print or Type Name	R. EGn	'N'	
FOR SECRETARY OF STA	TE USE ONLY		TICES ID.	ENT		
			Title		Form 630 Rev. 08/08	