



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2011

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

1. Corporate ID No. 5262		2. Name of Corporation Fagan Door Corp.			
3. Street Address Principal Business Office 390 Tioque Avenue			City Coventry	State RI	Zip 02816
4. Business Phone No. 821-3300		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island Service I installation of overhead doors.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Susan Fagan			Vice President Name Shawn P. Fagan		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Secretary Name Shawn P. Fagan			Treasurer Name Susan Fagan		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William E. Fagan			Director Name Susan Fagan		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name Shawn P. Fagan			Director Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 8,000 common no par value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	A Common	No par value
	900	B Common	No par value		

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.

FILED
File Date **FEB 09 2011**
Check No. **By** *[Signature]* **0136856**
By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] **1/21/11**
Signature Date
SUSAN FAGAN
Print or Type Name
PRESIDENT
Title