



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 02904-2611
401.222.3044

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. 60458	2. Name of Corporation Daniel Abarr Mason Contractor Inc.
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3. Street Address Principal Business Office 5 Wood River Dr.	City Hope Valley	State RI	Zip 02832
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4. Business Phone No. 401-539-2773	5. State of Incorporation RI
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5. Brief Description of the Character of Business Conducted in Rhode Island
Masonry Contracting

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Daniel K. Abarr	Vice President Name Joseph W. Abarr
Street Address 5 Wood River Dr.	Street Address 5 Wood River Dr.
City Hope Valley	City Hope Valley
State RI	State RI
Zip 02832	Zip 02832

Secretary Name Maureen E. Abarr	Treasurer Name Daniel K. Abarr
Street Address 5 Wood River Dr.	Street Address 5 Wood River Dr.
City Hope Valley	City Hope Valley
State RI	State RI
Zip 02832	Zip 02832

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED

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.	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares 400	Class/Series Original	Par Value None

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 MAR 29 2011

Check No. 112 By [Signature]

By: 112

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 [Signature] Date 3/23/11

Daniel K. Abarr
Print or Type Name
President