



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 104305		2. Exact name of the Corporation DANAG, INC.			
3. Principal office address 71 Spring Street		City Barrington	State RI	Zip 02806	
4. Business Phone No. (401) 246-1688		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Ladder supply and Repair					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Nathan Dansereau			Vice-President Name Paul J. Aguiar		
Street Address 71 Spring Street			Street Address 8 Murray Avenue		
City Barrington	State RI	Zip 02806	City East Providence	State RI	Zip 02915
Secretary Name Ethan Dansereau			Treasurer Name Paul J. Aguiar		
Street Address 71 Spring Street			Street Address 8 Murray Avenue		
City Barrington	State RI	Zip 02806	City East Providence	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

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.

File Date _____

Check No. _____

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.

Nathan Dansereau
Signature of Authorized Representative Date _____

Nathan Dansereau - President
Print or Type Name of Authorized Representative

FILED
MAR 21 2013
BY 912193214
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