



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 2015**

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. <b>37019</b>		2. Exact name of the Corporation <b>EGAN AND SON GENERAL CONTRACTING, INC</b>			
3. Principal office address <b>29 JOHN MOWRY ROAD</b>		City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	
4. Business Phone No. <b>401-232-7932</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTING</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JAMES R. EGAN</b>		Vice-President Name <b>ARTHUR EGAN</b>			
Street Address <b>29 JOHN MOWRY ROAD</b>		Street Address <b>29 JOHN MOWRY ROAD</b>			
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
Secretary Name <b>JAMES R. EGAN</b>		Treasurer Name <b>JAMES R. EGAN</b>			
Street Address <b>29 JOHN MOWRY ROAD</b>		Street Address <b>29 JOHN MOWRY ROAD</b>			
City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>SMITHFIELD</b>	State <b>RI</b>	Zip <b>02917</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <input type="checkbox"/>			
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	
		<b>0</b>			

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

**MAR 18 2015**

Form No. 630  
Revised: 01/2012

BY **3885**

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.

*James Egan*  
Signature of Authorized Representative

**3/6/15**  
Date

**JAMES R. EGAN, PRESIDENT**

Print or Type Name of Authorized Representative