



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

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

FILED
MAR 18 2015

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 3/6/15
 Signature of Authorized Representative Date

JAMES R. EGAN, PRESIDENT

Print or Type Name of Authorized Representative

BY 3885