



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

SECRETARY OF STATE  
 CORPORATIONS DIV.

Annual Report for the year: 2018  
 Corporation

2019 DEC 30 PM 2:38

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|  |  |                           |                    |
|--|--|---------------------------|--------------------|
| 1. Entity ID Number<br><b>000104305</b>                | 2. Exact name of the Corporation<br><b>DANAG Inc.</b>  |                           |                    |
| 3. Principal Office Address<br><b>71 Spring Avenue</b> |  | City<br><b>Barrington</b> | State<br><b>RI</b> |
|  |  | Zip<br><b>02806</b>       |                    |
| 4. NAICS Code<br><b>999999</b>                         | 6. Brief description of the character of business conducted in Rhode Island<br><b>Ladder Supply &amp; Repair</b> |                           |                    |
| 5. State of Incorporation<br><b>RI</b>                 |  |                           |                    |

|  |                    |                     |  |  |                    |                     |  |
|--|--------------------|---------------------|--|--|--------------------|---------------------|--|
| 7. List ALL officers (names and addresses) |                    |                     |  | Check the box to indicate an attachment <input type="checkbox"/> |                    |                     |  |
| President Name<br><b>Nathan Dansereau</b>  |                    |                     |  | Vice-President Name<br><b>Paul Aguiar</b>                        |                    |                     |  |
| Street Address<br><b>71 Spring Avenue</b>  |                    |                     |  | Street Address<br><b>8 Murray Avenue</b>                         |                    |                     |  |
| City<br><b>Barrington</b>                  | State<br><b>RI</b> | Zip<br><b>02806</b> |  | City<br><b>Riverside</b>   | State<br><b>RI</b> | Zip<br><b>02915</b> |  |
| Secretary Name<br><b>Ethan Dansereau</b>   |                    |                     |  | Treasurer Name<br><b>Nathan Dansereau</b>                        |                    |                     |  |
| Street Address<br><b>329 Main Street</b>   |                    |                     |  | Street Address   |                    |                     |  |
| City<br><b>Warren</b>                      | State<br><b>RI</b> | Zip<br><b>02878</b> |  | City   | State              | Zip                 |  |

|   |       |     |  |      |       |  |  |      |       |     |  |
|---|-------|-----|--|------|-------|--|--|------|-------|-----|--|
| 8. List ALL directors (names and addresses) |       |     |  |      |       | Check the box to indicate an attachment <input type="checkbox"/> |  |      |       |     |  |
| Director Name                               |       |     |  |      |       | Director Name  |  |      |       |     |  |
| Street Address                              |       |     |  |      |       | Street Address   |  |      |       |     |  |
| City  | State | Zip |  | City | State | Zip  |  | City | State | Zip |  |
| Director Name                               |       |     |  |      |       | Director Name  |  |      |       |     |  |
| Street Address                              |       |     |  |      |       | Street Address   |  |      |       |     |  |
| City  | State | Zip |  | City | State | Zip  |  | City | State | Zip |  |

|  |                   |  |              |  |           |  |
|--|-------------------|--|--------------|--|-----------|--|
| 9. Shares Authorized   | 10. Shares Issued |  |              | Check the box to indicate an attachment <input type="checkbox"/> |           |  |
| This information is currently of record in the Department of State.<br>Changes require an additional filing. | NUMBER OF SHARES  |  | CLASS/SERIES |  | PAR VALUE |  |
|  | <b>100</b>        |  |              |  | <b>0</b>  |  |
|  |                   |  |              |  |           |  |

11. 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.

**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.**

|  |                         |
|--|-------------------------|
| Name of Authorized Representative<br><b>Jeannine Dansereau</b> | Date<br><b>12-30-19</b> |
|--|-------------------------|

Signature of Authorized Representative  
*Jeannine Dansereau* **FILED**