



RI SOS Filing Number: 202038148280
State of Rhode Island and Providence Plantations

Date: 4/21/2020 12:24:00 PM

Department of State - Business Services Division

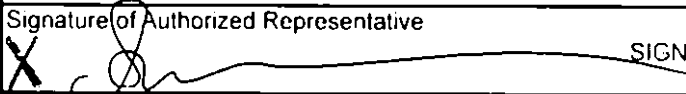
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R.I. DEPT. OF STATE
BUS STAMP

Annual Report for the year: **2020**

Corporation

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

2020 APR 21 12:24:20
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000795375		2. Exact name of the Corporation REAGAN, INC.			
3. Principal Office Address 650 GEORGE WASHINGTON HIGHWAY, SUITE 200		City LINCOLN		State RI	Zip 02865
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE SALES, PURCHASES, INVESTMENT AND ANY OTHER RELATED ACTIVITY.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT A. MCGEE			Vice-President Name		
Street Address P.O. BOX 381 681			Street Address		
City SLATERSVILLE	State RI	Zip 02876	City	State	Zip
Secretary Name SCOTT A. MCGEE			Treasurer Name SCOTT A. MCGEE		
Street Address P.O. BOX 381 681			Street Address P.O. BOX 381 681		
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SCOTT A. MCGEE			Director Name		
Street Address P.O. BOX 381 681			Street Address		
City SLATERSVILLE	State RI	Zip 02876	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		CNP
					PAR VALUE
					0.00
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 SCOTT A. MCGEE					Date 4-21-2020
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					

MAIL TO:
Division of Business Services
148 W River Street Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 21 2020

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FORM 630 - Revised: 10/2017