State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

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**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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 000795375 | REAGAN, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 650 GEORGE WASHINGTON HIGHWAY, SUITE 200 | LINCOLN | RI | 02865 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 531390 | 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| 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.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 1,000 | CNP | 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 | Date |
|---|---|
| SCOTT A. MCGEE | 4-21-2020 |

Signature of Authorized Representative

X _____ SIGN DOCUMENT HERE

FILED
APR 21 2020

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

**FORM 630 - Revised: 10/2017**