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Annual Report for the year: **2019**  
 Corporation

2020 APR 21 P 12:20

FOR SECRETARY OF STATE USE ONLY

- 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 <b>000795375</b>		2. Exact name of the Corporation <b>REAGAN, INC.</b>			
3. Principal Office Address <b>650 GEORGE WASHINGTON HIGHWAY, SUITE 200</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE SALES, PURCHASES, INVESTMENT AND ANY OTHER RELATED ACTIVITY.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SCOTT A. MCGEE</b>			Vice-President Name		
Street Address <b>P.O. BOX <del>387</del> 681</b>			Street Address		
City <b>SLATERSVILLE</b>	State <b>RI</b>	Zip <b>02876</b>	City	State	Zip
Secretary Name <b>SCOTT A. MCGEE</b>			Treasurer Name <b>SCOTT A. MCGEE</b>		
Street Address <b>P.O. BOX <del>387</del> 681</b>			Street Address <b>P.O. BOX <del>387</del> 681</b>		
City <b>SLATERSVILLE</b>	State <b>RI</b>	Zip <b>02876</b>	City <b>SLATERSVILLE</b>	State <b>RI</b>	Zip <b>02876</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SCOTT A. MCGEE</b>			Director Name		
Street Address <b>P.O. BOX <del>387</del> 681</b>			Street Address		
City <b>SLATERSVILLE</b>	State <b>RI</b>	Zip <b>02876</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SLRILS
			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.					
<i>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.</i>					
Name of Authorized Representative <b>SCOTT A. MCGEE</b>					Date <b>4-21-2020</b>
Signature of Authorized Representative SIGN DOCUMENT HERE <b>FILED</b>					

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