



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

Annual Report for the year: **2020**

Corporation

JUN 24 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 266 AS

1. Entity ID Number <b>000060458</b>		2. Exact name of the Corporation <b>Daniel Abarr Mason Contractor Inc</b>			
3. Principal Office Address <b>5 Wood River Dr</b>			City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
4. NAICS Code <b>238140</b>		6. Brief description of the character of business conducted in Rhode Island <b>Masonry Contracting</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>Daniel Abarr</b>			Vice-President Name <b>Joseph W Abarr</b>		
Street Address <b>5 Wood River Dr</b>			Street Address <b>20 Appletree Court</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Bridgewater</b>	State <b>Ma</b>	Zip <b>02324</b>
Secretary Name <b>Maureen Abarr</b>			Treasurer Name <b>Daniel Abarr</b>		
Street Address <b>5 Wood River Dr</b>			Street Address <b>5 Wood River Dr</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</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>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
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/SERIES	
		<b>400</b>	<b>Original</b>	<b>None</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. <b>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.</b>					
Name of Authorized Representative <b>Daniel Abarr PRESIDENT</b>				Date <b>3/30/2020</b>	
Signature of Authorized Representative <i>D. Abarr Pres.</i>				SIGN DOCUMENT HERE	