



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 *[Signature]*

1. Entity ID Number 000060458		2. Exact name of the Corporation Daniel Abarr Mason Contractor Inc			
3. Principal Office Address 5 Wood River Dr			City Hope Valley	State RI	Zip 02832
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Masonry Contracting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Abarr			Vice-President Name Joseph W Abarr		
Street Address 5 Wood River Dr			Street Address 20 Appletree Court		
City Hope Valley	State RI	Zip 02832	City Bridgewater	State Ma	Zip 02324
Secretary Name Maureen Abarr			Treasurer Name Daniel Abarr		
Street Address 5 Wood River Dr			Street Address 5 Wood River Dr		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		400		Original	
				PAR VALUE	
				None	
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. <u>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.</u>					
Name of Authorized Representative Daniel Abarr <i>PRESIDENT</i>				Date 3/30/2020	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov