RI SOS Filing Number: 202193737200 Date: 3/9/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR -9 A 8:51

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 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 681			Street Address: P.O. BOX 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 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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1,000	CNP	0.00
Changes require an additional filing.			

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	2/10/2021

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAR 09 2021
BY JomxT
8:51

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