RI SOS Filing Number: 200700507650 Date: 09/10/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*** 75

1. Corporate ID No.	2. Name of Corporation			
83601	BRADCO SUPPLY CORPORATION			
3. Street Address Principal Business Office		City	State	Zip
34 ENGLEHARD AVENUE		AVENEL	NJ	07001
4. Business Phone No.	5. State of Incorporation			
732 · 382 · 3400	NEW JERSEY			

6. Brief Description of the Character of Business Conducted in Rhode Island
SALE AND DISTRIBUTION OF ROOFING AND BUILDING SUPPLIES.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
BRAD SEGAL	76 ROCKLEDGE DRIVE	LIVINGSTON	NJ	07039

Vice President Name	Street Address	City	State	Zip
JOSEPH STACY	4 HIGHFIELD LANE	COLTS NECK	NJ	07722

Secretary Name	Street Address	City	State	Zip
MICHAEL WEINBERGER	6 ARROW DRIVE	LIVINGSTON	NJ	07039

Treasurer Name	Street Address	City	State	Zip
JOSEPH STACY	4 HIGHFIELD LANE	COLTS NECK	NJ	07722

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
BARRY SEGAL	235 NOTTINGHAM WAY	HILLSIDE	NJ	07205

Director Name	Street Address	City	State	Zip
BRAD SEGAL	76 ROCKLEDGE DRIVE	LIVINGSTON	NJ	07039

Director Name	Street Address	City	State	Zip
JOSEPH STACY	4 HIGHFIELD LANE	COLTS NECK	NJ	07722

Director Name	Street Address	City	State	Zip

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9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
12,000,000	COMM	$.001 PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
8,654,707		.001

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.

[redacted]

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.

[redacted] 9/4/07
Signature *Date*

Joseph Stacy
Print or Type Name

Vice Pres
Title

[redacted]

File Date FILED
Check No. SEP 10 2007 M 1:01
By: By 236429
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