

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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.	ng to jue us annuat report w	ithin thirty (30) days a	ifter the time prescribed by		
1. Corporate 11) No. 3002	2. Name of Corporation	2. Name of Corporation Bruin Coal Company, Inc.					
3. Street Address Principal Business	: Office		City	State			
61 Joslin Road			Glendale	RI	Zip		
4. Business Phone No. 5. State of 1		5. State of Incorporation	- Ozimidale	KI	02826		
(401) 5:50 0001		Rhode Isla					
6. Brief Description of the Character of Business Conducted in Rhode Island			stalid				
President Name		cipate in mine S: (*X* BOX FOR ATT	ral exploratio ar ICHMENT) [ FILL IN SP   Vice President Name	nd mining vent ACES BEFORE USIN	tures generally. GATTACHMENTS		
Dennis E. Angelone			Steven M. Angelone				
Street Address		***	Street Address				
61 Joslin Road			61 Joslin Road				
Сиу	State	Zip	City	State	Zip		
Glendale	.l. RI	02826	Glendale	RI	02826		
Secretary Name			Treasurer Name	,,,			
Bertha B. Angele	one		Dennis E. Angelone				
Street Address			Street Address				
61 joslin Road			61 Joslin Road				
City	State	Zip	City	State	Zip		
Glendale	[ RI	02826	Glendale	RI	02826		
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR AT		PACES BEFORE USI	NG ATTACHMENTS		
Director Name			Director Name	Service (1988) to their contest to	e namen amman menan member		
				· · · · · · · · · · · · · · · · · · ·			
Street Address	<b>25</b> 5			Street Address			
Sity	State	Zip	City	State	Zip		
Director Name			Director Name				
itreet Address	<u> </u>						
			: Street Address				
Uy	State	Zip	City	State	Zip		
O. SHARES AUTHORIZED (	 "X" BOX FOR ATTA	 CHMENT) □	10. SHARES ISSUED (				
Number of Shares	Class/Series	D. 117	ISSUED SHARES — THIS SECTION	ON MUST BE COMPLETE	<u> </u>		
turnoer by theures	Ciassiseries	Par Value	Number of Shares	Class/Series	Par Value		
900 No Dee 31-1							
800 No Par Value			800	Common	No Par		
			THE SHOE	SURE HERE A CHARACTER	***		
his report must be avecaged.	an habate ou						
This report must be executed his report must be executed (	on behalf of the corp	oration by an authorize oration by the receiver of	d representative. If the corp or trustee.	oration is in the hand	ls of a receiver or trustee,		

File Date	FILED	
Check No.	FFR 2 () 2008	G \
By:FOR S	SECRETARY OF STATE USE ONLY	167

Under penalty of perjury, I declare and affirm that I have examined this report,
including any accompanying schedules and statements, and that all statements
contined herein are true and correct.
Nume & Grazione 2-19-08
Stenature Date
Dennis E. Angelone
Print or Type Name
President
Title