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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 2009

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.*

1. Corporate ID No.	2. Name of Corporation		
00000 2426	BILRAY DEMOLITION CO., INC.		
3. Street Address Principal Business Office: 73 MILL STREET	City: JOHNSTON	State: RI	Zip: 02919
4. Business Phone No.: 401-831-8895	5. State of Incorporation: RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island: DEMOLITION AND ABATEMENT SERVICES			

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

President Name	Vice President Name
DAVID SANTANELLI	RAYMOND E SANTANELLI
Street Address: 6 ELMIRA STREET	Street Address: 73 MILL STREET
City: NORTH PROVIDENCE / State: RI / Zip: 02904	City: JOHNSTON / State: RI / Zip: 02919
Secretary Name: DAVID SANTANELLI	Treasurer Name: RAYMOND E SANTANELLI
Street Address: 6 ELMIORA STREET	Street Address: 73 MILL STREET
City: NORTH PROVIDENCE / State: RI / Zip: 02904	City: JOHNSTON / State: RI / Zip: 02919

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

Director Name	Director Name
DAVID SANTANELLI	RAYMOND SANTANELLI
Street Address: 6 ELMIRA STREET	Street Address: 73 MILL STREET
City: NORTH PROVIDENCE / State: RI / Zip: 02904	City: JOHNSTON / State: RI / Zip: 02919
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600 T600 TOTAL SHARE	CNP	0.00
200 ISSUED SHARES		

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] [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.

Signature _____ Date 6/5/09

DAVID SANTANELLI
Print or Type Name

[redacted] President
Title

File Date	FILED C
Check No.	JUN - 8 2009
By:	By 09146 5 157

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Form 630 Rev. 08/08

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