



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

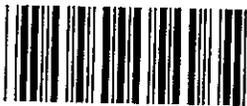
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2426		2. Name of Corporation BILRAY DEMOLITION CO., INC.			
3. Street Address Principal Business Office 73 Mill Street			City Johnston	State RI	Zip 02919
4. Business Phone No. 831-8895		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island THE CARRYING OF DEMOLITION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Santanelli			Vice President Name David Santanelli		
Street Address 6 Elmire Street			Street Address 6 Elmira Street		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
Secretary Name David Santanelli			Treasurer Name David Santanelli		
Street Address 6 Elmira Street			Street Address 6 Elmira Street		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Santanelli			Director Name		
Street Address 6 Elmira Street			Street Address		
City No. Providence	State RI	Zip 02904	City	State	Zip
Director Name Hazel Santanelli			Director Name		
Street Address 6 Elmira Street			Street Address		
City No. Providence	State RI	Zip 02904	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			200	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 2 4 2 6 *

File Date: **9/14/04**
Check No.: **45724843120**
By: **DA**
FOR SECRETARY OF STATE USE ONLY

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 of Officer: *David Santanelli* Date: *9/14/04*
Print or Type Name of Officer: **David Santanelli**
Title of Officer: *Vice President*