



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED 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 on of the demolition business

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

President Name Raymond Santanelli Street Address 6 Elmira Street City No. Providence State RI Zip 02904	Vice President Name David Santanelli Street Address 6 Elmira Street City No. Providence State RI Zip 02904
Secretary Name Raymond Santanelli Street Address 6 Elmira Street City No. Providence State RI Zip 02904	Treasurer Name Raymond Santanelli Street Address 6 Elmira Street City No. Providence State RI Zip 02904

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

Director Name Raymond Santanelli Street Address 6 Elmira Street City No. Providence State RI Zip 02904	Director Name Street Address City _____ State _____ Zip _____
Director Name Hazel Santanelli Street Address 6 Elmira Street City No. Providence State RI Zip 02904	Director Name Street Address City _____ State _____ Zip _____

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	COMM NO	PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	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: 9-6-02
Check No.: 7028
By: [Signature]

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] 7/22/02
Signature of Officer Date

Raymond Santanelli
Print or Type Name of Officer

President
Title of Officer