



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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 City State Zip  
**73 Mill Street Johnston RI 02919**  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
**831-8895 RHODE ISLAND 0885**

7. Brief Description of the Character of Business Conducted in Rhode Island

The carrying on of demolition

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name <b>Raymond Santanelli</b> Street Address <b>6 Elmira Street</b> City State Zip <b>No. Providence RI 02904</b>	Vice President Name <b>Raymond Santanelli</b> Street Address <b>6 Elmira Street</b> City State Zip <b>No. Providence RI 02904</b>
Secretary Name <b>Raymond Santanelli</b> Street Address <b>6 Elmira Street</b> City State Zip <b>No. Providence RI 02904</b>	Treasurer Name <b>Raymond Santanelli</b> Street Address <b>6 Elmira Street</b> City State Zip <b>No. Providence RI 02904</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name <b>Raymond Santanelli</b> Street Address <b>6 Elmira Street</b> City State Zip <b>No. Providence RI 02904</b>	Director Name  Street Address  City State Zip
Director Name <b>Hazel Santanelli</b> Street Address <b>6 Elmira Street</b> City State Zip <b>No. Providence RI 02904</b>	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS NO PAR COM</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>None</b>

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



**FILED**

File Date:                     

Check No.:                     

By:                     

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.

*Raymond Santanelli* 4/8/98  
Signature of Officer Date

**Raymond Santanelli**  
Print or Type Name of Officer

**President**  
Title of Officer