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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 2009

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 141259	*2. Name of Corporation* Brad's Construction Inc.		
3. Street Address Principal Business Office 9 Glendale Way	*City* Lincoln	*State* RI	*Zip* 02865
4. Business Phone No. 401 723-6052	*5. State of Incorporation* Rhode Island		*6. SIC Code* 5710
7. Brief Description of the Character of Business Conducted in Rhode Island			

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

President Name Howard Bradley			*Vice President Name* Helena Bradley		
Street Address 9 Glendale Way			*Street Address* 9 Glendale Way		
City Lincoln	*State* RI	*Zip* 02865	*City* Lincoln	*State* RI	*Zip* 02865
Secretary Name Howard Bradley			*Treasurer Name* Helena Bradley		
Street Address 9 Glendale Way			*Street Address* 9 Glendale Way		
City Lincoln	*State* RI	*Zip* 02865	*City* Lincoln	*State* RI	*Zip* 02865

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

Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES *Number of Shares*	*Class/Series*	*Par Value*	ISSUED SHARES *Number of Shares*	*Class/Series*	*Par Value*
1,000	Common	No par value	1,000	Common	no par value

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

FILED
NOV 18 2009

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929-104057

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 Howard L Bradley *Date* 8-2009

Howard Bradley
Print or Type Name of Officer

President
Title of Officer

File Date 2009 NOV 18 AM 10:19
Check No.
By:
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