

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 within the second of the second o

subject to a penalty fee of \$25.00.				ur ure urite presentació oy s	uu (101.0.L. /-1.2-1)01(cOu)/ b	
1. Corporate ID No. 42600	2. Name of Corporation Bruce Brayman E	Builders ,Inc.				
3. Street Address Principal Business Office 135 Fairview Avenue			Ctry Hope Valley	State RI	<i>Ζφ</i> 0 28 32	
4. Business Phone No. 5. State of Incorporation 401-539-1013 Rhode Island						
Contracting the of the Character of						
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN SPA	CES BEFORE USING	ATTACHMENTS	
Bruce Brayman						
Street Address 135 Fairview Avenue			Street Address			
City Hope Valley	State RI	<i>Ζψ</i> 0 283 2	Cty	State	Zip	
Secretary Name Bruce Brayman			Treasurer Name Bruce Brayman			
Street Address 135 Fairview Avenue			Street Address 135 Fairview Avenue			
City Hope Valley	State RI	_{Ztp} 02832	City Hope Valley	State RI	<i>г</i> ф 0 28 32	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) TILL IN SP. Director Name	aces before usin	IG ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	***************************************	J	Director Name			
Street Address			Street Address			
City	State	Zip	Сйу	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently	of record in the Offic	e of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			600	Common	no par	
This report must be executed of this report must be executed of	on behalf of the corpor n behalf of the corpor	oration by an authorized ration by the receiver of	d representative. If the corpor trustee.	oration is in the hand	s of a receiver or trustee,	

File Date	
	
Check No. By 155	·
By: FOR SECRETARY OF STATE USE ONLY	<u>} </u>

including any accompanying schedules an	
contained herein are true and correct.	
June Burn	12/25/09
Signature	Date
Bruce Brayn	2
Print or Type Name	
President	
Title	
	Earm 620 Pay 09/09