



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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

* 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 subject to a penalty fee of \$25.00.

1. Corporate ID No. 2934		2. Name of Corporation BROOK ROCK COMPANY, LTD.			
3. Street Address Principal Business Office C/O 1309 TURKS HEAD BUILDING			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 401-421-5927		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ALICE M. FREED			Vice President Name CHRISTOPHER J. FREED		
Street Address 4387 SARATOGA DRIVE			Street Address 4387 SARATOGA DRIVE		
City REDDING	State CA	Zip 96002	City REDDING	State CA	Zip 96002
Secretary Name CHRISTOPHER J. FREED			Treasurer Name ALICE M. FREED		
Street Address 4387 SARATOGA DRIVE			Street Address 4387 SARATOGA DRIVE		
City REDDING	State CA	Zip 96002	City REDDING	State CA	Zip 96002
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ALICE M. FREED			Director Name CHRISTOPHER J. FREED		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			400	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	FEB 23 2010
By:	1039
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.

Alice M. Freed Jan 31, 2010
Signature Date
ALICE M. FREED
Print or Type Name
PRESIDENT
Title