

A. Ralph Mollis, Secretary of State Corporations Division 148 W. Rwer Street

Providence, Rt 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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 vic. each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25.0  1. Corporate ID No.	· · · · · · · · · · · · · · · · · · ·	oration failing or rejusing to file its an			
84658	2. Name of Cor		LEY MASONRY	TNC	
Street Address Principal Business Office 56 Old Post Rd			City Westerly	State Rhode Is	<i>ziφ</i> 1and 02891
401-328-9711 Rhod		5. State of Incorporation Rhode I	пон		
7. NAMES AND ADDRES	and comme	cted in Rhode Island Bricel mesonry ICERS: ("X" BOX FOR ATTA	services	SPACES BEFORE USING	ATTACHMENTS
Bruce Brewl			Vice President Name		
56 Old Fost	Rd		Street Address	4,1	
Westerly	RI	0289 <b>1</b>	City	State	Ζιμ
Bruce Brewley			Treasurer Name Bruce Brawley		
56 Old Post Rd			Street Address 56 Old Fost Rd		
Westerly	State 7	<sup>Zip</sup> 0289 <b>1</b>	Westerly	State RI	<i>Ζφ</i> 02891
Bruce Brawl		CTORS: ("X" BOX FOR ATT	ACHMENT) [] FILL II Director Name	N SPACES BEFORE USING	G ATTACHMENTS
wree Address 56 Old Post	Rd		Street Address		****
Westerly	State RI	<sup>24</sup> 02891	City	State	Ζψ
niecta Same			Director Name		
Mirce Address			Street Address		
и,	State	Zip	СИР	State	Ζιμ
Shares authorized 4000 shs No par			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class Series	Par Value
			100	Common	No par
his report must be executed to report must be ex	ed on behalf of the	corporation by an authorized corporation by the receiver of	representative. If the co	orporation is in the hands	of a receiver or truste

File Date	FILEL
Check No.	AR 0 1 2010
By. <b>By</b> .	OK SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare	and affirm	that I have examined this report
including any accompanying wher	dulec and c	tatements, and that all statements
contained herein are true and corre	ect. 12	
1 Mull / Som	olle	2/26/10
Signature	/	Date
Bruce Brawley	,	
Print or Type Name		
President		
Title		