

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 2011
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 subject to a penalty fee of \$25.00.	1501(e), each corporation j	failing or refusing to file its anni	ual report within thirty (30) days af	ier the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d))	
1. Gorporate ID No. 2841	2. Name of Corporation R. Brien Construction Company Inc.					
3. Street Address Principal Business C 39 Sumner Brown Road	Africe		Cuy Cumberland	State Rhode Island	^{Zip} 02864	
4. Business Phone No. 401-333-9382						
6. Brief Description of the Character Landscaping and Driveway	Construction					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Scott L. Brien			CHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Scott L. Brien			
Street Address 39 Sumner Brown Road			Street Address 39 Sumner Brown Road			
City Cumberland	State Rhode Island	^{Ζiμ} 02864	City Cumberland	State Rhode Island	Ζψ 02864	
Secretary Name Elwira T. Brien			Scott L. Brien			
Street Address 39 Sumner Brown Road			Street Address 39 Sumner Brown Road			
City: Cumberland	State Rhode Island	^{Z(p)} 02864	Gig Cumberland	State Rhode Island	^{Ζψ} 02864	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name Scott L. Brien Street Address 39 Sumner Brown Road			Director Name Scott L. Brien			
City	State	Zip	City	State	Ziji	
Cumberland	Rhode Island	02864	Cumberland	Rhode Island	02864	
Director Name Scott L. Brien			Director Name Scott L. Brien			
Street Address 39 Sumner Brown Road			Street Address 39 Sumner Brown Road			
^{City} Cumberland	State Rhode Island	^{Ζip} 02864	City Cumberland	State Rhode Island	^{Zip} 02864	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
			Number of Shares	Class/Series	Par Value	
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.			200 No PAR Value		No Par Value	
This report must be executed this report must be executed				poration is in the hands	of a receiver or truste	
				ury, I declare and affirm th		
		_	including any accomp	panying schedules and state	ements, and that all state	

File Date	FILED
Check No.	DEC 2 9 2010
Ву:	By MMC
]	FOR SECRETARY OF STATE USE ONLY

including any accompanyi	ng schedules and statements	s, and that all statements
contained herein are true a	nd correct.	1-1
SOUTH	Duin	12/26/10
Signalure Elwira T.	Brien	ate '
Print or Type Name		
Secretary		
Title		Form 630 Rev. 08/08