

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. 7-1.2-1501(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. 84658	2. Name of Corp	2. Name of Corporation Pruce Brawley Masonry Inc.				
3. Street Address Principal Business Office 56 Old Fost Rd			Westerly	state RhodeIsla	end 02891	
4. Business Phone No. LC1-322-9711  5. State of Incorporation Rhode Isla						
6. Brief Description of the Chara	icter of Business Conduc	ted in Rhode Island				
7. NAMES AND ADDRES President Name  Bruce Brew		CERS: ("X" BOX FOR ATTA	ACHMENT)  FILL IN SE	PACES BEFORE USING	ATTACHMENTS	
Street Address 56 Old Fost Rd			Street Address			
Westerly	State RI	<sup>Zip</sup> 02891	City	State	Zip	
Secretary Name Pruce Brawley			Treasurer Name Bruce Brawl	е v		
Street Address 56 Cld Post Rd			Street Address 56 Old Post Rd			
Westerly 8. NAMES AND ADDRESS	State RI SES OF THE DIREC	Zip ○ 2 ° 9 1 CTORS: ("X" BOX FOR AT	Guy Westerly	State	<sup>Zip</sup> 02891	
Pruce Braw]		CIONS. (A BOX FOR AI)	Director Name	SPACES BEFORE USING	G ATTACHMENTS	
Street Address 56 Old Post	Rđ		Street Address		- Annual	
westerly	State RI	02891	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	СПу	State	Zip	
9. shares authorized 4000 no par		 	: 10. SHARES ISSUED (*) ISSUED SHARES — THIS SECTION		  MENT)	
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	
This report must be execute this report must be executed.	ed on behalf of the	corporation by an authorize corporation by the receiver of	d representative. If the corp	poration is in the hands	of a receiver or trustee,	
	on behan of the	corporation by the receiver (	or trustee.			
			I landon a constitue of			
	<u>LED</u>		including any accomp	panying schedules and state	at I have examined this reporements, and that all statement	
File DateFEB	<b>0 1</b> 2011	NAME Months	contained herein are t	Mew Ch	1/28/11	
Check No. By	mno		Signature Bruce Br	ewley /	Date	
By: 3657			Print or Type Name Presiden	-		
FOR SECRETARY OF S	STATE USE ONLY		Title	<u> </u>	Form 630 Rev. 08/08	