

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 20//
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(e&d)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 89414	2. Name of Corporation The Brixton Company				
3. Street Address Principal Business Office 3 Cranberry Court			City Barrington	State Rhode Island	21p 02806
4. Business Phone No. 401-245-0383  5. State of Incorporation Rhode Island					
6 Brief Description of the Character of Residential Rental Property	of Business Conducted in i	Rbode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Valerie Peterson			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Helen Pezza		
Street Address 3 Cranberry Court			Street Address 17 Rowley Street		
टाए Barrington	State Rhode Island	<sup>Zip</sup> 02806	Сиу East Providence	State Rhode Island	<sup>Ζψ</sup> 02806
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATI Director Name None Street Address			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name-		
Street Address			Street Address		
City	State	Zip	City	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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
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This report must be executed of this report must be executed o			d representative. If the corporator trustee.	ation is in the hands of a	a receiver or trustee,

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FOR SEC	RETARY OF STA	ATE USE ONLY	

	d affirm that I have examined this report,
	es and statements, and that all statements
contained herein are true and correct.	
Valen ne J	6/201
Signature	Date
Valerie Peterson	
Print or Type Name	
President	
Title	· · · · · · · · · · · · · · · · · · ·