

FOR SECRETARY OF STATE USE ONLY

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 2003

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(c), 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). tion 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(ccrd)) is

subject to a penalty fee of \$25.00.	-1301(6), cach corporation jui	end or released to lare an attract			
1. Corporate ID No. 54674	2. Name of Corporation Brown Moving Co	o., Inc.			
3. Street Address Principal Business Office 155 Amaral Street, Suite B			City East Providence	State RI	21p 02915
4. Business Phone No. (401) 434-5100		5. State of Incorporation Rhode Island			
6. Brief Description of the Characte Moving and Storage		•		-	
7 NAMESAND ADDRESSE President Name	SOF THE OUTGERS!	("X" BOX FOR AITIA	HMENC): FILL IN SP Vice President Name	ACES BEFORE USING	ATUXGHMENIS
Benjamin J. Viti			Benjamin J. Viti		
Street Address 155 Amaral Street, Suite B			Street Address 155 Amaral Street, Suite B		
City East Providence	State RI	<sup>2φ</sup> 02915	City East Providence	State RI	<i>Ζφ</i> 02915
Secretary Name Benjamin J. Viti			Treasurer Name Benjamin J. Viti		
Street Address 155 Amaral Street, Suite B			Street Address 155 Amaral Street, Suite B		
City East Providence	State RI	21p 02915	City East Providence	State RI	<sup>Zψ</sup> 02915
8 NAMES AND ADDRESSI Director Name Benjamin J. Viti	ES OF THE DIRECTOR	SI CX BOX FOR AT	ACHMENTO EFILLINE Director Name	SPACES BRFORE USIN	GATTACHMENTS
Street Address			Street Address		
155 Amaral Street, Suite B					<u> </u>
City East Providence	State RI	<i>zip</i> 02915	City	State	Z SEC
Director Name	<del></del>		Director Name		- 100K
Street Address			Street Address 5 0 0		
City	State	Zip	City	State	Zip -9 Tm
9, SHARES AUCHORIZED			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			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par
			THIS SEC	TO MUST BE O	The state of the s
This report must be execut	ted on behalf of the corp ed on behalf of the corp	poration by an authorize oration by the receiver	ed representative. If the co or trustee.	orporation is in the han	ds of a receiver or trustee,
		OCT 0 4 2011	including any accor	mpanying schedules and s	n that I have examined this repostatements, and that all statemen
File Date		15340	contained herein ar	e true and correct.	10-3-1
		ns	Signature		Date
Check Vo.			' Benjamin J. '	<b>Viti</b>	

Print or Type Name President

Title