



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 138336 OR2LS2		2. Exact name of the Corporation BRULU INC.		
3. Principal office address 103 WATERMAN AVE		City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. 401 2319606		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island RESTAURANT				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name BRUNILDE A SIAS		Vice-President Name SAME		
Street Address 1760 ATWOOD AVE		Street Address		
City JOHNSTON	State RI	Zip 02919	City	State Zip
Secretary Name SAME		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		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) <input type="checkbox"/>		
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

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 21 2013

193302
OS 301

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative
Brunilde A Sias

Date
3-21-13

Print or Type Name of Authorized Representative
BRUNILDE A SIAS