



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. 575037		2. Exact name of the Corporation BROOM CONSTRUCTION CO., INC.			
3. Principal office address 96 SWAMPSCOTT ROAD		City SALEM	State MA.	Zip 01907	
4. Business Phone No. 781-592-3135		5. State of Incorporation MASS.			
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION - BUILD OUT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS GROOM			Vice-President Name NONE		
Street Address 76 BRADLEE AVE.			Street Address		
City SWAMPSCOTT	State MA.	Zip 01907	City	State	Zip
Secretary Name A. SCOTT FAULKNER			Treasurer Name DAVID GROOM		
Street Address 41 SALEM ST.			Street Address 32 ESTABROOK ROAD		
City SWAMPSCOTT	State MA.	Zip 01907	City SWAMPSCOTT	State MA.	Zip 01907
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name THOMAS GROOM			Director Name DAVID GROOM		
Street Address 76 BRADLEE AVE.			Street Address 32 ESTABROOK ROAD		
City SWAMPSCOTT	State MA.	Zip 01907	City SWAMPSCOTT	State MA.	Zip 01907
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 5,000			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 200	CLASS/SERIES COMMON	PAR VALUE NO.

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

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.

FILED

Signature of Authorized Representative

Date

Thomas Groom

Print or Type Name of Authorized Representative