



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 2014

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. 504929		2. Exact name of the Corporation Brodney & Sons, Inc.			
3. Principal office address 39 Emerson Road		City Waltham		State MA	Zip 02451
4. Business Phone No. (781) 894-0099		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Commercial Flooring					
President Name Lawrence Brodney			Vice-President Name Victor Brodney		
Street Address 10 Huntley Lane			Street Address 3 Oak Hill Road		
City Lincoln	State MA	Zip 01773	City Wayland	State MA	Zip 01788
Secretary Name Myra Brodney			Treasurer Name Myra Brodney		
Street Address 10 Huntley Lane			Street Address 10 Huntley Lane		
City Lincoln	State MA	Zip 01773	City Lincoln	State MA	Zip 01773
Director Name Lawrence Brodney			Director Name Myra Brodney		
Street Address 10 Huntley Lane			Street Address 10 Huntley Lane		
City Lincoln	State MA	Zip 01773	City Lincoln	State MA	Zip 01773
Director Name Victor Brodney			Director Name Daniel Brodney		
Street Address 3 Oak Hill Road			Street Address PO Box 188		
City Wayland	State MA	Zip 01778	City Intervale	State NH	Zip 03845
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
			15,000	CNP	No 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.

FILED

JAN 23 2014

09859

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

Lawrence Brodney

Print or Type Name of Authorized Representative

1/16/14
Date

ATTACHMENT

DIRECTOR #5

Jeremy Brodney
PO Box 29
Londonderry, NH 05148

FILED

JAN 23 2014

BY JD 504929