



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. 000126001		2. Exact name of the Corporation Cornerstone Restoration, Inc.			
3. Principal office address 3 Palisade Lane		City Barrington	State RI	Zip 02806	
4. Business Phone No. 401-247-9070		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Masonry Restoration					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bradford M. Doyle			Vice-President Name		
Street Address 3 Palisade Lane			Street Address		
City Barrington	State RI	Zip 02806	City	State	
Secretary Name Lynn Doyle			Treasurer Name Bradford M. Doyle		
Street Address 3 Palisade Lane			Street Address 3 Palisade Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	
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	
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	
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
			100.00	common stock	\$1.00

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

FEB 18 2014

By 3144

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.

Bradford M. Doyle 02/14/2014
 Signature of Authorized Representative Date

Bradford M. Doyle, President

Print or Type Name of Authorized Representative