



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2015

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(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 103786		2. Name of Corporation BAL, Inc.			
3. Street Address Principal Business Office 150 Franklin Street			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-253-2080		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the real estate business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bette Walpole			Vice President Name David Rattray		
Street Address 30 Bay View Avenue			Street Address 150 Franklin Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Anthony Marouchoc			Treasurer Name Joseph Farmer		
Street Address 347 Spinnaker Lane			Street Address 24 Jane Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Aida Cabral			Director Name Josue D. Canario		
Street Address 3 Highview Drive			Street Address 395 Metacom Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Cathleen Paniccia			Director Name Russell Mello		
Street Address 44 Washington Street			Street Address 87 Arlington Avenue		
City Providence	State RI	Zip 02903	City Warren	State RI	Zip 02885
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 Par Value		1.00		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

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.

Bette Walpole 12/30/15
Signature Date
Bette Walpole
Print or Type Name
President
Title

FILED

JAN 16 2015

BY

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