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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 2015

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.	2. Exact name of the Corporation
3002	Bruin Coal Company, Inc.

3. Principal office address	City	State	Zip
61 Joslin Road	Glendale	RI	02826

4. Business Phone No.	5. State of Incorporation
401-568-3081	Rhode Island

6. Brief description of the character of business conducted in Rhode Island

Operate, conduct & participate in mineral exploartion & mining ventures generally.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Dennis E. Angelone			Steven M. Angelone		
Street Address			Street Address		
61 Joslin Road			61 Joslin Road		
City	State	Zip	City	State	Zip
Glendale	RI	02826	Glendale	RI	02826
Secretary Name			**Treasurer Name**		
Bertha B. Angelone			Dennis E. Angelone		
Street Address			Street Address		
61 Joslin Road			61 Joslin Road		
City	State	Zip	City	State	Zip
Glendale	RI	02826	Glendale	RI	02826

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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) ☐		
800 No Par Value	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	800	Common	No Par

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
JAN 23 2015
BY 10443

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.

Dennis E. Angelone 1/21/15
Signature of Authorized Representative Date

Dennis E. Angelone
Print or Type Name of Authorized Representative

President

Form No. 630
Revised: 01/2012

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