

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2. Name of Corporation 59579 BCW, INC. 4. Corporate address in Rhode Island - Street Address 3. State of Incorporation Zip 42 Granite Street Rhode Island Westerly 02891 5. Foreign corporation. Enter principal office address City State Zip6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Social Organization 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Joseph Broccolo Vincent Capizzano Street Address Street Address 9 Brookview Court 11 Canyon Drive State Zip City State ZipWesterly RI 02891 Westerly RI02891 Secretary Name Treasurer Name Stephen Cofone Jon D. Lallo Street Address Street Address 4 Wampag Road 10 Bayview Drive City State Ζip City State Zip lRI 02891 Westerly l RI 02891 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Director Name Paul A. Azzinaro Jon D. Lallo Street Address Street Address 82 Beach Street 10 Bayview Drive City State City State Zip Westerly RI 02891 RI 02891 Westerly Director Name Director Name Joseph Broccolo Street Address Street Address 9 Brookview Court City State Z_{ip} City State Zip Westerly RΙ 02891 9. REGISTERED AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	FILED JUN 0 8 2015	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that	
File Date	7532	statements contained herein are the and correct. Signature of Officer Date	_
Check No.		JON D. LAULO	_
By:		Print or Type Name of Officer [Ne 950 Ned	
FOR SECRETARY OF STATE USE ONLY		Title of Officer	_