

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1		NNUAL REPUI Filing Fee: \$50.00	RT FOR THE YEA	AR	4
(FORM MUST BE TYPED OR PR	INTED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				
42600 BRUCE BRAYMAN BUILDERS, INC.  3. Street Address Principal Business Office			10		
116 Fairvice			Hepe 1/2/1/e	State  State	Zip
4. Business Phone No.	J Ave	5. State of Incorporatio	n /10/10 100/10	y   K12,	6. SIC Code
(401) 539-1	<b>シ</b> ス	RHODE ISLAN	,		5710
7. Brief Description of the Characte	r of Business Conduct	ed in Rhode Island			3710
CONTRACTING					
8. NAMES AND ADDRESSE			. –	SPACES BEFORE USIN	G ATTACHMENTS
President Name  Bruce Brayman  Street Address  Illo Fairvicu Avenue  City  Helle Valley R.T. 21932			Vice President Name		
Bruce Bro	ZymZns				
Street Address	- 1		Street Address		
TIO TOITUIT	State	Zin	City	State	Zip
Hele VIIIer	L.T.	22832			
Secretary Name			Treasurer Name		
Bruce Brayman			Bruce BREYMEN		
Street Address			Street Address 116 Fairview Avenue		
116 PZIVICE	J AVC	nie_	116 Fair	ien Ave	ue
City	State	Zip	City	State	Zip
Hope Valley	$ \mathcal{L},\mathcal{I} $	02832	Hope VZI/e	y Rizi	07832
9. NAMES AND ADDRESSE Director Name	S OF THE DIREC	TORS: ("X" BOX FOR A	ITTACLIMENT)   FILLY	IN SPACES BEFORE USI	NG ATTACHMENTS
Director Nume			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζip
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Director Name			Director Name		
<del></del>					
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR	ATTACHMENT) [	: 11. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
			1		
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				-	
<del></del>					
This report must be	signed in ink by	either the President, Vice	President, Secretary, Assist	ant Secretary, Treasurer,	Receiver or Trustee
	ININ JURIN ANII ANII ANII ANI				nat I have examined this report
*-4	2600	*-	contained herein are		ements, and that all statement
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File Date O J J 10	1	<del>-</del> .'	Signature of Officer	- h kayme	7/7/7/5 Date
Check No. 11552		 	2	2	vuic
1.		1	Print or Type Name of Officer		
Ву:		···	r tuu or type wame o	n officer	
FOR SECRETARY OF ST	ATE USE ONLY		rresid	mr. 7	
			Title of Officer		