

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

600 NO PAR VALUE	Commen	une	300	Commen	s NO BOK
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT.	) · · · · · · · · · · · · · · · · · · ·
City	State	Zip	City	State	Zip
Street Address			Street Address		
Director Name			Director Name		
City	State	Zip	City	State	Zip
Street Address			Street Address		
9. NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPA Director Name	CES BEFORE USING ATTA	ACHMENTS
City	State	Zip	City	State	Zip
Street Address	SAME		Street Address	SAME	
Secretary Name			Treasurer Name		
1/6 Parvi	Brzymzn con Aven y R. I.	ر در	City	State	Zip
Street Address	rzymz		Street Address		
President Name		CERS ("X" BOX FOR ATTACE	Vice President Name	ES BEFORE USING ATTAC	HMENIS
Builder	Develope	OFFIC (WALL DON'T DON'T DON'T DON'T	THE THE COLUMN		
537- 101.  7. Brief Description of the Chara	icter of Business Conducted in				5710
4. Business Phone No.	icus Ave	5. State of Incorporation	Hope W	Vey R.I.	02832 6. SIC Code
3. Street Address Principal Busin	<b>.</b>	_	City	State	Zip
42600	BRUCE BRAYMAN BUILDERS, INC.				
1. Corporate ID No.	2. Name of Corporat	ion			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

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Check No.:	11933
y:	8m

Officer penalty of perjuty, I decrate and aim	m that I have examined
this report, including any accompanying sci	hedules and statements, and
that all statements contained herein are tru	e and correct.
Bure Burn	_ 2/14/03
Signature of Officer	Date
Bruce Brayman	
Print or Type Name of Officer	
Procide T	

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