## State of Rhode Island and Providence Plantations



Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040



## ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

## ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:		inual Report for the year:
Name of Corporation: BRUCE BRAYMAN	SUILDERS,	INC.
Name of Corporation: Business entity organized under the laws of the State of: $\mathcal{R}$ For foreign entity, address and telephone number of principal office	. <i>I</i>	Business Entity is (check one):  [ ] Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: () Address and telephone of the principal office of business entity in R Island (Provide street address - Not P.O. Box):		Brief statement of the character of business conducted in Rhode Island:  Brief statement of the character of business conducted in Rhode Island:  Brief statement of the character of business conducted in Rhode Island:  Brief statement of the character of business conducted in Rhode Island:  Brief statement of the character of business conducted in Rhode Island:  Brief statement of the character of business conducted in Rhode Island:
Phone: (401) 537-1013		
		OFFICERS ARE:
PRESIDENT  BRUCE BRIDAYING VICE PRESIDENT	STREET ADDRESS STREET ADDRESS	
SECRETARY	STREET ADDRESS	S CITY/STATE ZIP COD
BRUCE BRAYMAN 16.	STREET ADDRESS	S Ave the Myey A. J. 02332 ZIP CODE
BRUCE BRAYMAN 1/6/	MES OF THE D	Ne 1612 VAlley R.Z. 029.3. DIRECTORS ARE:
NAME	STREET ADDRESS	
NAME	STREET ADDRESS	S CITY/STATE ZIP CODE
NAME	STREET ADDRESS	CITY/STATE ZIP CODI
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NU	UMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 600 Class / Series 600177	Nu	umber of Shares 300 Class / Series Common
no PAR		as PAR
Date <u>Dec 29</u> , 19 <u>94</u>	By: BRUG	AME OF GIFFEER SIGNAL
Form 31 1/95	TITLE OF OFFICER	esacui.

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.