

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
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

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0042600 Annual Report for the year: 1994  
Name of Business Entity: BRUCE BRAYMAN BUILDERS, INC.

Business entity organized under the laws of the State of: R.I.  
 Federal Taxpayer Identification Number: [REDACTED]  
 For foreign entity, address and telephone number of principal office:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: (    )         

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:  
Bruce B. Brayman  
116 Fairview Ave  
Hope Valley R.I. 02832  
(401) 537-1013

Brief statement of the character of business conducted in Rhode Island:  
General Contracting  
Builder / Developer

Date of Organization: 1985 9/16/87  
 Date of Qualification to do business in Rhode Island (if foreign entity):   

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
116 Fairview Avenue  
Hope Valley R.I. 02832  
 Phone: ( 401 ) 537-1013

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Bruce Brayman</u>	<u>116 Fairview Ave</u>	<u>Hope Valley R.I.</u>	<u>02832</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
<u>600</u>	<u>Common</u>	<u>300</u>	<u>Common</u>
	<u>no PAR</u>		<u>no PAR</u>
PAR VALUE OR WITHOUT PAR		PAR VALUE OR WITHOUT PAR	

Date: Feb 1, 1994 By: Bruce Brayman  
Bruce Brayman  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

FILED  
FEB 02 1994  
By CA 4687

Form 31 1/94  
**DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

BRUCE BRAYMAN  
116 FAIRVIEW AVENUE  
HOPE VALLEY RI 02832