



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 541700		2. Exact name of the Corporation Brunson, Inc.			
3. Principal office address 1094 Bald Hill Road			City Warwick	State RI	Zip 02886
4. Business Phone No. (401)578-9431			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island For the lawful wholesale and retail and distribution of automotive parts including after market parts					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joshua Bruns			Vice-President Name Joshua Bruns		
Street Address 1094 Bald Hill Rd			Street Address 1094 Bald Hill Rd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Joshua Bruns			Treasurer Name Joshua Bruns		
Street Address 1094 Bald Hill Rd			Street Address 1094 Bald Hill Rd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8,000		0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____ **FILED**

Check No _____
 By: _____ **JUL 08 2016**

FOR SECRETARY OF STATE USE ONLY
 By: 278573

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative _____ **6/18/16**
 Date

Joshua Bruns
 Print or Type Name of Authorized Representative