RI SOS Filing Number: 201729742710 Date: 01/09/2017 4:00 PM

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 2017

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.	2. Exact name of the Corporation			
795141	Brayman & Sons Excavation Corporation			
3. Principal office address: 125 Black Plain Rd		City: Exeter	State: RI	Zip: 02822
4. Business Phone No.: 401-397-5737		5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Excavation				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Mark Brayman Jr.			Vice-President Name: None		
Street Address: 125 Black Plain Rd			Street Address		
City: Exeter	State: RI	Zip: 02822	City	State	Zip
Secretary Name: None			Treasurer Name: None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: None			Director Name: None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: None			Director Name: None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	None		

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.

Under penalty of perjury, I declare and affirm that I have examined

Signature of Authorized Representative — Date: 1/3/17

Mark Brayman Jr.
Print or Type Name of Authorized Representative

By: _____

FILED
JAN 09 2017
By 1105

FOR SECRETARY OF STATE USE ONLY

147413-20-1148175