



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000126001		2. Exact name of the Corporation Cornerstone Restoration, Inc.			
3. Principal Office Address 3 Palisade Lane		City Barrington		State RI	Zip 02806
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Masonry Restoration			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bradford M. Doyle			Vice-President Name		
Street Address 3 Palisade Lane			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Lynn Doyle			Treasurer Name Bradford M. Doyle		
Street Address 3 Palisade Lane			Street Address 3 Palisade Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common Stock \$1.00		
11. 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 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Bradford M. Doyle				Date 2/15/2017	
Signature of Authorized Representative 				FILED FEB 17 2017 BY 371405	

MAIL TO:
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