



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

Annual Report for the year: 2018

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 84658		2. Exact name of the Corporation BRUCE BRAWLEY MASONRY, INC									
3. Principal Office Address 56 Old Post Rd			City Westerly	State RI	Zip 02891						
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island Stone masonry - walls & fireplaces residential									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>											
President Name Bruce Brawley			Vice-President Name								
Street Address 56 Old Post Rd			Street Address								
City Westerly	State RI	Zip 02891	City	State	Zip						
Secretary Name Bruce Brawley			Treasurer Name Bruce Brawley								
Street Address 56 Old Post Rd			Street Address 56 Old Post Rd								
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Bruce Brawley			Director Name								
Street Address 56 Old Post Rd			Street Address								
City Westerly	State RI	Zip 02891	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 4000 No par Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued								
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">100</td> <td style="text-align:center">Common</td> <td style="text-align:center">No par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No par									
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 Bruce Brawley				Date 1/18/18							
Signature of Authorized Representative FILED											

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 22 2018

BY

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FORM 630 - Revised: 10/2017