



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.

**FILED**

FEB 26 2018

BY 3901

1. Entity ID Number <b>000126001</b>		2. Exact name of the Corporation <b>Cornerstone Restoration, Inc.</b>			
3. Principal Office Address <b>3 Palisade Lane</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>238140</b>		6. Brief description of the character of business conducted in Rhode Island <b>Masonry Restoration</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Bradford M. Doyle</b>			Vice-President Name		
Street Address <b>3 Palisade Lane</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name <b>Lynn Doyle</b>			Treasurer Name <b>Lynn Doyle</b>		
Street Address <b>3 Palisade Lane</b>			Street Address <b>3 Palisade Lane</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
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		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>100</b>	<b>Common Stock</b>	<b>1.00</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Bradford M. Doyle, President</b>					Date <b>2/21/2018</b>
Signature of Authorized Representative SIGN DOCUMENT HERE					