RI SOS Filing Number: 201859305320 Date: 2/26/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2018

FEB 26 2018

Corporation

→ Filing period: January 1 - March 1

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→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number	2 Evert nam	e of the Composition	·	 			
000126001		2. Exact name of the Corporation Cornerstone Restoration, Inc.					
	Comersi	ione Restorat					
3. Principal Office Address			City		State	Zip	
3 Palisade Lane			Barrington		RI	02806	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
238140	Masonry R	Masonry Restoration					
State of Incorporation	-						
Rhode Island							
7 1 1					· · · · · · · · · · · · · · · · · · ·		
7. List ALL officers (names and addresses) Check the box to indicate an attachme President Name Vice-President Name						ndicate an attachment L	
Bradford M. Doyle							
Street Address 3 Palisade Lane			Street Address				
City Barrington	State RI	^{Zip} 02806	City	State Zip		Zip	
Secretary Name Lynn Doyle			Treasurer Name Lynn 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	d addresses)			Check t	he box to it	ndicate an attachment	
Director Name			Director Name	,			
Street Address			Street Address				
Olidel Modiesa			Sucer Address				
City	State	Zip	City		State	Ζip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Shares Authorized 10. Shares Is		10. Shares Iss	sued Check the box to indicate an attachment				
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		100		Common Stock 1.0		1.00	
11. This report must be executed	d on behalf of the	corporation by an a	authorized rences	entative If the comor	ation is in t	he hands of a receiver or	
trustee, this report must be exec	ruted on behalf of	the corporation by	the receiver or to	ustee.			
Under penalty of perjury, I dec	lare and affirm (hat I have examin	ed this report, in	ncluding any accom	oanying so	chedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Bradford M. Doyle, President					2/21/2018		
Signature of Authorized Represe	entative				<u> </u>		
Trulyd;	11. 1	SIGN DO	CUMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov