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

FILED
FEB 26 2018
BY 39101

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	2. Exact name of the Corporation
000126001	Cornerstone Restoration, Inc.

3. Principal Office Address	City	State	Zip
3 Palisade Lane	Barrington	RI	02806

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238140	Masonry Restoration
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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: 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 addresses) — Check the box to indicate an attachment ☐

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 ☐

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	Date
Bradford M. Doyle, President	2/21/2018

Signature of Authorized Representative: Bradford M. Doyle SIGN DOCUMENT 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

FORM 630 - Revised: 10/2017