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.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 SEP 12 PM 3:42

1. Entity ID Number	2. Exact name of the Corporation			
000505368	Bilray Corporation			
3. Principal Office Address		City	State	Zip
73 Mill Street		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
236115	General Contractor			
5. State of Incorporation				
Rhode Island				

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

President Name				Vice-President Name			
David Sawtawelli				Raymond E. Sawtawelli			
Street Address				Street Address			
6 Elmira Street				22 Hazelton Lane			
City	State	Zip		City	State	Zip	
North Prov.	RI	02919		Johnston	RI	02919	
Secretary Name				Treasurer Name			
Same As Above							
Street Address				Street Address			
City	State	Zip		City	State	Zip	

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300.00	Stk	0.01

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: David Sawtawelli — Date: 9/11/18

Signature of Authorized Representative: David Sawtawelli

FILED
SEP 12 2018

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

VA163

FORM 630 - Revised: 02/2017