State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015

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
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1. Entity ID Number	2. Exact name of the Corporation			
000789886	Brick Wall Properties inc			
3. Principal Office Address		City	State	Zip
174 Armington Street		Cranston	RI	05
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110.	Real estate			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Kenia Ferrer			Merina Ramos		
Street Address			Street Address		
174 Armington st			174 Armington st		
City	State	Zip	City	State	Zip
Cranston	RI	02905	Cranston	RI	02905
Secretary Name			Treasurer Name		
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		
Kenia Ferrer					
Street Address			Street Address		
174 Armington st					
City	State	Zip	City	State	Zip
Cranston	RI	02905			
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	STK	10.0000

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
Kenia Ferrer FILED	12/28/18

Signature of Authorized Representative: Kenia Ferrer

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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