



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

Annual Report for the year: 2019
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 00003002		2. Exact name of the Corporation Bruin Coal Co., Inc.			
3. Principal Office Address 61 JOSLIN ROAD		City GLENDALE		State RI	Zip 02826
4. NAICS Code 333249		6. Brief description of the character of business conducted in Rhode Island OPERATE, CONDUCT AND PARTICIPATE IN MINERAL EXPLORATION AND MINING VENTURES GENERALLY.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DENNIS E ANGELONE			Vice-President Name DENNIS E ANGELONE		
Street Address 61 JOSLIIN ROAD			Street Address 61 JOSLIIN ROAD		
City GLENDALE	State RI	Zip 02826	City GLENDALE	State RI	Zip 02826
Secretary Name DENNIS E ANGELONE			Treasurer Name DENNIS E ANGELONE		
Street Address 61 JOSLIIN ROAD			Street Address 61 JOSLIIN ROAD		
City GLENDALE	State RI	Zip 02826	City GLENDALE	State RI	Zip 02826
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DENNIS E ANGELONE			Director Name NONE		
Street Address 61 JOSLIIN ROAD			Street Address		
City GLENDALE	State	Zip	City	State	Zip
Director Name NONE			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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	PAR VALUE
		800		CNP	\$0.0000
		800			
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 DENNIS E ANGELONE					Date JANUARY 7, 2019
Signature of Authorized Representative <i>Dennis E. Angelone</i>					

SIGN DOCUMENT HERE

FILED

JAN 31 2019

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