



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.

 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 MAR 28 AM 8:58

1 Entity ID Number 795461		2 Exact name of the Corporation B. Brown Construction Inc.									
3. Principal Office Address 270 Burnt Hill Road			City Scituate	State RI	Zip 02831						
4 NAICS Code 237990		6. Brief description of the character of business conducted in Rhode Island Excavation/site work/real estate development									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Brian P. Brown			Vice-President Name Lori A. Brown								
Street Address 270 Burnt Hill Road			Street Address 270 Burnt Hill Road								
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831						
Secretary Name Lori A. Brown			Treasurer Name Brian P. Brown								
Street Address 270 Burnt Hill Road			Street Address 270 Burnt Hill Road								
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Brian P. Brown			Director Name Lori A. Brown								
Street Address 270 Burnt Hill Road			Street Address 270 Burnt Hill Road								
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>common</td> <td>None</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	common	None
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
600	common	None									
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 Brian P. Brown, President					Date 3-26-19						
Signature of Authorized Representative 											

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

 MAR 28 2019
 BY 1063