RI SOS Filing Number: 202033189800 Date: 1/24/2020 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division		FILED		
Annual Report for the year: Corporation	2020	JAN 24 2020		
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 		BY [LOSULE OS		

→ Penalty: Additional \$25. 1. Entity ID Number		* '							
000003002	E .	2 Exact name of the Corporation Bruin Coal Co., Inc.							
Principal Office Address JOSLIN ROAD			City GLENDALI	E	State RI	Zip 02826			
4 NAICS Code	6. Brief desc	cription of the charac	ter of business of	conducted in Rho	de Island				
333249		6. Brief description of the character of business conducted in Rhode Island							
State of Incorporation		OPERATE, CONDUCT AND PARTICIPATE IN MINERAL EXPLORATION AND MINING VENTURES GENERALLY.							
RI	OEREKAE	LI.							
7. List ALL officers (names and	d addresses)			Ch	eck the box to indi	cate an attachment 🗀			
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 ANG	GELONE		Treasurer Nar	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			
8. List ALL directors (names ar	nd addresses)		-	Ch	eck the box to indi	cate an attachment			
D rector Name DENNIS E ANGELONE			Director Name NONE						
Street Address			Street Addres						
61 JOSLIIN RO	AD		Silectriques	5					
City GLENDALE	State	Zip	City		State	Zip			
D rector Name NONE	<u>. </u>		Director Name	e	ı				
Street Address			Street Address						
City	State	Zip	City		State	Zio			
9. Shares Authorized		10. Shares Iss	L . sued Cl		heck the box to indicate an attachment				
This information is currently of	record in the NUMBER OF								
Department of State.		800		CNP] :	\$0.0000			
Changes require an additional fi	îling.			 					
11. This report must be execut	ted on behalf of the	corporation by an	authorized repre	L sentative. If the co	orporation is in the	hands of a receiver o			
trustee, this report must be exe	ecuted on behalf o	f the corporation by	the receiver or to	rustee.	•				
Under penalty of perjury, I destatements, and that all state				including any ac	companying sch	edules and			
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date				
DENNIS E ANGELONE, PRE		JANUARY 15, 2020		15, 2020					
Signature of Authorized Repre	soniative mn	sign do	CUMENT 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