



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

FILED

Annual Report for the year: 2020  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 03 2020

BY 5049 QS

1. Entity ID Number 000084658		2. Exact name of the Corporation BRUCE BRAWLEY MASONRY INC			
3. Principal Office Address 56 OLD POST RD		City WESTERLY		State RI	Zip 02891
4. NAICS Code 238140	6. Brief description of the character of business conducted in Rhode Island STONE MASONRY - WALLS & FIRE PLACES RESIDENTIAL				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name BRUCE BRAWLEY			Vice-President Name		
Street Address 56 OLD POST RD			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name BRUCE BRAWLEY			Treasurer Name BRUCE BRAWLEY		
Street Address 56 OLD POST RD			Street Address 56 OLD POST RD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name BRUCE BRAWLEY			Director Name		
Street Address 56 OLD POST RD			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100shs		COMMON		NO PAR	
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 BRUCE BRAWLEY				Date 11/31/20	
Signature of Authorized Representative <i>Bruce Brawley</i>				SIGN DOCUMENT 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

FORM 630 - Revised: 02/2017