



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

**Annual Report for the year: 2021**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**  
**FEB 24 2021**  
 BY 15339

|  |                 |  |   |                        |                     |
|--|-----------------|--|---|------------------------|---------------------|
| 1. Entity ID Number<br><b>82666</b>  |                 | 2. Exact name of the Corporation<br><b>BRIDAN CORPORATION</b>  |   |                        |                     |
| 3. Principal Office Address<br><b>160 FRANKLIN STREET, PO BOX 251</b>  |                 |  | City<br><b>WARREN</b>   | State<br><b>RI</b>     | Zip<br><b>02885</b> |
| 4 NAICS Code<br><b>238390</b>  |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>SPECIALIZE IN THE MARKETING, SALE, AND INSTALLATION OF BATHTUB LINERS, WALL UNITS, SHOWER STALLS AND RELATED PRODUCT AND SERVICES.</b> |   |                        |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                 |  |   |                        |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                        |                     |
| President Name <b>JOHN DANIEL KEATING</b>  |                 |  | Vice-President Name <b>CHRISTOPHER P KEATING</b>  |                        |                     |
| Street Address <b>10 TIGER LILY TRAIL</b>  |                 |  | Street Address <b>60 HOLLY CIRCLE</b>   |                        |                     |
| City <b>REHOBOTH</b>   | State <b>MA</b> | Zip <b>02769</b>   | City <b>TIVERTON</b>  | State <b>RI</b>        | Zip <b>02878</b>    |
| Secretary Name <b>JOHN BRIAN KEATING</b>   |                 |  | Treasurer Name <b>ANDREW J KEATING</b>  |                        |                     |
| Street Address <b>12 BROWNELL STREET</b>   |                 |  | Street Address <b>11 ECHO FARM DRIVE</b>  |                        |                     |
| City <b>WARREN</b>   | State <b>RI</b> | Zip <b>02885</b>   | City <b>BRISTOL</b>   | State <b>RI</b>        | Zip <b>02809</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |   |                        |                     |
| Director Name <b>BARBARA KEATING</b>   |                 |  | Director Name <b>JOHN DANIEL KEATING</b>  |                        |                     |
| Street Address <b>10 TIGER LILY TRAIL</b>  |                 |  | Street Address <b>10 TIGER LILY TRAIL</b>   |                        |                     |
| City <b>REHOBOTH</b>   | State <b>MA</b> | Zip <b>02769</b>   | City <b>REHOBOTH</b>  | State <b>MA</b>        | Zip <b>02769</b>    |
| Director Name  |                 |  | Director Name   |                        |                     |
| Street Address   |                 |  | Street Address  |                        |                     |
| City   | State           | Zip  | City  | State                  | Zip                 |
| 9. Shares Authorized   |                 |  | 10. Shares Issued <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.<br><br>Changes require an additional filing.   |                 |  | NUMBER OF SHARES  |                        |                     |
|  |                 |  | CLASS/SERIES  |                        | PAR VALUE           |
|  |                 |  | <b>100</b>  | <b>COMMON</b>          | <b>NO PAR VALUE</b> |
| 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.<br><b>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.</b> |                 |  |   |                        |                     |
| Name of Authorized Representative<br><b>JOHN DANIEL KEATING</b>  |                 |  |   | Date<br><b>2-19-21</b> |                     |
| Signature of Authorized Representative<br>   |                 |  |   | SIGN DOCUMENT HERE     |                     |

MAIL TO:  
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