



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 DEC 23 PM 12:11

1. Entity ID Number 1682811		2. Exact name of the Corporation Brady Built Inc												
3. Principal Office Address 160 Southbridge St			City Auburn	State MA	Zip 01501									
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Brady-Built custom designs, constructs and installs sunrooms or home additions												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Nathaniel J Cosper			Vice-President Name											
Street Address 45 Fairview Drive			Street Address											
City Leicester	State MA	Zip 01524	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			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 ☐											
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000		0			
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1000		0												
Changes require an additional filing.														
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 Gina Wheeler				Date 12/23/2021										
Signature of Authorized Representative <i>Gina Wheeler</i>														

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

DEC 23 2021

A.A. 12:13 P.M.
JOYPC

FORM 630 Revised: 11/2021