RI SOS Filing Number: 202212241800 Date: 2/25/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual R	eport for	the year:	2022
Corporati		-	

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25	5.00 fee if form is no	ot filed by May 31.			_	00			
1. Entity ID Number		2. Exact name of the Corporation							
000003002	Bruin Co	Bruin Coal Co., Inc.							
3. Principal Office Address			City		State	Zip			
61 Joslin Road			Glendale		RI	02826			
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island							
333249	OPERAT	OPERATE, CONDUCT AND PARTICIPATE IN MINERAL EXPLORATION							
5. State of Incorporation	AND MIN	AND MINING VENTURES GENERALLY							
RI									
7. List ALL officers (names an	nd addresses)			Chec	k the box to	ndicate an attachment 🔲			
President Name Dennis Angelone			Vice-President Name						
Street Address 61 Joslin Road			Street Address						
^{City} Glendale	State RI	Zip 02826	City		State	Zip			
Secretary Name			Treasurer Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
8. List ALL directors (names a	and addresses)			Chec	k the box to	indicate an attachment			
Director Name			Director Name	3					
Street Address			Street Address						
			000						
City	State	Zıp	City		State	Zip			
Director Name			Director Name						
Street Address			Street Addres	s					
City	State	Žip	City		State	Zip			
Shares Authorized This information is currently of record in the		10. Shares Issued NUMBER OF SHARES			Check the box to indicate an attachment CLASS/SERIES PAR VALUE				
Department of State.	record in the	800	r SHAKES	CNP	<u> </u>	PAR VALUE			
Changes require an additional filing.				CINE		\$0.0000			
11. This report must be execu	uted on behalf of the	corporation by an	authorized repre	sentative. If the corp	oration is in	the hands of a receiver or			
trustee, this report must be ex	xecuted on behalf of	the corporation by	the receiver or t	rustee.					
Under penalty of perjury, I destatements, and that all sta	deciare and amirm t Itements contained	nat i nave examin herein are true ai	iea tnis report, i nd correct.	ncluding any acco	mpanying s	schedules and			
Name of Authorized Representative Date									
Dennis E. Angelone 1-27-22						27-22			
Signature of Authorized Repr	resentative								
Dannis (:	Graelor	<u>le</u>	·						
MAIL TO:	1 ()		_ . _						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov