



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

STAMP
FEB 16 2023
 21276 R

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000003002	2. Exact name of the Corporation Bruin Coal Co., Inc.
---	---

3. Principal Office Address 61 Joslin Road	City Glendale	State RI	Zip 02826
--	-------------------------	--------------------	---------------------

4. NAICS Code 333249	6. Brief description of the character of business conducted in Rhode Island operate, conduct and participate in mineral exploration and mining ventures generally
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	800	CNP	\$0.000

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 April Yao	Date 02.03.23
---	-------------------------

Signature of Authorized Representative
--

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov