RI SOS Filing Number: 202446002000 Date: 2/5/2024 4:00:00 PM

Annual Corpora	
→ Filir → Filir	
→ Pen	l
3. Princip	
117 FC	
4. NAICS 53139	
5. State o	

State of Rhode Islam Department of S	nd tate - Business Services Division			
Report for the year: ation	2024			
ing period: February 1 ing Fee: \$50.00	- May 1			

	FILED
E%.	FEB/0/5 2824

Penalty: Additional \$25.00 fee if form is not filed by May 31.										
Entity ID Number		2. Exact name of the Corporation								
000066523	L.BRAY	L.BRAYTON FOUNDRY BUILDING CORPORATION								
Principal Office Address			City	State		Zip				
117 FOREST ST			COVE		RI		20816			
4. NAICS Code	6. Brief descri	Brief description of the character of business conducted in Rhode Island								
531390	TO OWN	TO OWN, LEASE, ASSIGN, AND CONVEY REAL PROPERTY								
5. State of Incorporation		•	·				•			
RI										
7. List ALL officers (names and	addresses)			Check	the box to indi	cate an at	tachment 🗀			
President Name LINDA MUF	RRAY			ent Name STEV	EN A MUR	RAY				
Street Address 17 FOREST ST				Street Address 17 FOREST ST City State Zip						
COVENTRY	State RI	^{Zip} 02816		City COVENTRY		RI	Zip 02816			
Secretary Name SANDRA ANN SKOV			Treasurer Name LINDA MURRAY							
Street Address 30 WEST SHORE DR			Street Address 17 FOREST ST							
COVENTRY	State RI	^{Zip} 02816	City CO	VENTRY	State	RI	02816			
8. List ALL directors (names an	d addresses)				the box to ind	icate an at	tachment 🗆			
Director Name			Director Na	ime						
Street Address			Street Address							
City	State	Zip	City		State		Zip			
Director Name	Director Name									
Street Address			Street Address							
City	State	Zip	City	City			Zip			
9. Shares Authorized	<u></u>	10. Shares Issu	ied	Check	the box to inc	licate an a	ttachment 🔲			
This information is currently of r	ecord in the	NUMBER OF								
Department of State.		8000		8000		0.00				
Changes require an additional fil	ling.									
11. This report must be execute	ed on behalf of the	corporation by an a	uthorized rep	presentative. If the	corporation is	in the har	nds of a re-			
ceiver or trustee, this report mu Under penalty of perjury, I de	clare and affirm t	hat I have examine	ed this repoi	receiver or trustee rt, including any a	accompanyin	g schedu	les and			
statements, and that all state		herein are true an	d correct.							
Name of Authorized Representative					02/01/2024					
LINDA MURRAY			02/							
Signature of Authorized Repres										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov