



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED

FEB 05 2024

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1. Entity ID Number 000066523		2. Exact name of the Corporation L.BRAYTON FOUNDRY BUILDING CORPORATION			
3. Principal Office Address 117 FOREST ST		City COVENTRY		State RI	Zip 20816
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island TO OWN, LEASE, ASSIGN, AND CONVEY REAL PROPERTY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LINDA MURRAY			Vice-President Name STEVEN A MURRAY		
Street Address 17 FOREST ST			Street Address 17 FOREST ST		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name SANDRA ANN SKOV			Treasurer Name LINDA MURRAY		
Street Address 30 WEST SHORE DR			Street Address 17 FOREST ST		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	8000	8000	PAR VALUE
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 LINDA MURRAY					Date 02/01/2024
Signature of Authorized Representative <i>Linda A Murray</i>					

MAIL TO:
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Website: www.sos.ri.gov