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**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.

1. Entity ID Number 001682811		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 Deliver / install pre-made sunroom			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Nathaniel Cosper			Vice-President Name		
Street Address 45 Fairview Dr.			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 Nathaniel Cosper			Director Name Marco Gabrielli		
Street Address 45 Fairview Dr			Street Address 324 Grogan Rd		
City Leicester	State MA	Zip 01532	City Barre	State MA	Zip 01005
Director Name Kevin Kieler			Director Name		
Street Address 31 Solomon Pond Rd			Street Address		
City Northboro	State MA	Zip 01532	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	0
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. <i>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.</i>					
Name of Authorized Representative Nathaniel Cosper				Date 2/15/24	
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

FILED

FEB 16 2024 FORM 630- Revised: 12/2023
BY ML 10094