



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 06 2025

BY 4966 *AA*

1. Entity ID Number 000126001		2. Exact name of the Corporation Cornerstone Restoration, Inc.			
3. Principal Office Address 3 Palisade Lane			City Barrington	State RI	Zip 02806
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Masonry Restoration			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Bradford M. Doyle			Vice-President Name none		
Street Address 3 Palisade Lane			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Lynn Doyle			Treasurer Name Lynn Doyle		
Street Address 3 Palisade Lane			Street Address 3 Palisade Lane		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name none			Director Name none		
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 ☐					
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 100	CLASS/SERIES Common Stock	PAR VALUE 1.00
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 Bradford M. Doyle					Date 2/1/2025
Signature of Authorized Representative 					