



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2758		2. Name of Corporation Branch Apartments, Inc.			
3. Street Address Principal Business Office 1905 Mineral Spring Avenue			City No. Providence	State Rhode Island	Zip 02904
4. Business Phone No. (401) 353-1103		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Elderly Housing					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Warren L. Schwerin			Vice President Name James W. Schwerin		
Street Address 2 Manhattanville Road			Street Address 2500 North Circle Drive, Suite #100		
City Purchase	State New York	Zip 10577	City Colorado Springs	State Colorado	Zip 80909
Secretary Name James W. Schwerin			Treasurer Name Warren L. Schwerin		
Street Address 200 North Circle Drive			Street Address 2 Manhattanville Road		
City Colorado Springs	State Colorado	Zip 80909	City Purchase	State New York	Zip 10577
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Warren L. Schwerin			Director Name James W. Schwerin		
Street Address 2 Manhattanville Road			Street Address 2500 North Circle Drive, Suite #100		
City Purchase	State New York	Zip 10577	City Colorado Springs	State Colorado	Zip 80909
Director Name Kathryn Schwerin			Director Name		
Street Address 59 Burr Farms Road			Street Address		
City Mount Kosco	State New York	Zip 10549	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Comm No Par Value		600	Common	No Par
THIS SECTION MUST BE COMPLETED					

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.

FILED

File Date: FEB 11 2008

Check No.:

By: 2389

FOR SECRETARY OF STATE USE ONLY

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.

Warren L. Schwerin February 8, 2008
Signature Date

Warren L. Schwerin
Print or Type Name

President
Title