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.	2. Name of Corporation			
2752	BRAGGER REALTY CORP.			
3. Street Address Principal Business Office		City	State	Zip
30 TOWBRIDGE DR.		NORTH KINGSTOWN	RI	02852
4. Business Phone No.	5. State of Incorporation			
401-294-2257	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
ALBERT E. BRAGGER, JR.			ELIZABETH J. BRAGGER		
Street Address			Street Address		
30 TOWBRIDGE DR.			30 TOWBRIDGE DR.		
City	State	Zip	City	State	Zip
N. KINGSTOWN	RI	02852	N. KINGSTOWN	RI	02852
Secretary Name			Treasurer Name		
ELIZABETH J. BRAGGER			ALBERT E. BRAGGER, JR.		
Street Address			Street Address		
30 TOWBRIDGE DR.			30 TOWBRIDGE DR.		
City	State	Zip	City	State	Zip
N. KINGSTOWN	RI	02852	N. KINGSTOWN	RI	02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
ALBERT E. BRAGGER, JR.			ELIZABETH J. BRAGGER		
Street Address			Street Address		
30 TOWBRIDGE DR.			30 TOWBRIDGE DR.		
City	State	Zip	City	State	Zip
N. KINGSTOWN	RI	02852	N. KINGSTOWN	RI	02852
Director Name			Director Name		
JOHN D. LYNCH					
Street Address			Street Address		
600 TOLLGATE RD.					
City	State	Zip	City	State	Zip
WARWICK	RI	02886			

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 COMM NO PAR VALUE			0		NO PAR VALUE
			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.

[redacted] [redacted]

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.

2-14-08
Signature *Date*

Albert E. Bragger, Jr
Print or Type Name

President
Title

[redacted]

File Date **FILED**
Check No. FEB 15 2008
By: By 240
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