



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. 114081		2. Name of Corporation Bresnahan & Associates, Inc.			
3. Street Address Principal Business Office 10 Gray Birch Drive			City Cranston	State R.I.	Zip 02921
4. Business Phone No. (401) 944-7119		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island To serve as representatives to various manufacturers in the automotive aftermarket.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey Poor			Vice President Name David T. Pulsifer, Jr.		
Street Address 10 Hunt Street			Street Address 10 Gray Birch Drive		
City Peabody	State MA	Zip 01960	City Cranston	State RI	Zip 02921
Secretary Name Jeffrey Poor			Treasurer Name David T. Pulsifer, Jr.		
Street Address 10 Hunt Street			Street Address 10 Gray Birch Drive		
City Peabody	State MA	Zip 01960	City Cranston	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jeffrey Poor			Director Name David T. Pulsifer, Jr.		
Street Address 10 Hunt Street			Street Address 10 Gray Birch Drive		
City Peabody	State MA	Zip 01960	City Cranston	State RI	Zip 02921
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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
8,000	Common	No Par Value	200	Common	No Par Value

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.

File Date	<b>FILED</b>
Check No.	<b>FEB 28 2008</b>
By	<b>By [Signature]</b>
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.

Signature [Signature] Date \_\_\_\_\_  
JEFFREY POOR  
Print or Type Name  
PRESIDENT  
Title