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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		
82659	BRADY ENTERPRISES, INC.		
3. Street Address Principal Business Office	City	State	Zip
19 GROVERNOR BRADFORD DRIVE	BARRINGTON	RI	02806
4. Business Phone No.	5. State of Incorporation		
401-247-2778	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN FINANCING AND MARKETING CONSULTATIONS.

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

President Name			Vice President Name		
THOMAS F. BRADY			THOMAS F. BRADY		
Street Address			Street Address		
19 GOVERNOR BRADFORD DRIVE			19 GOVERNOR BRADFORD DRIVE		
City	State	Zip	City	State	Zip
BARRINGTON	RI	02806	BARRINGTON	RI	02806
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
THOMAS F. BRADY			THOMAS F. BRADY		
Street Address			Street Address		
(SAME AS ABOVE)			(SAME AS ABOVE)		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
600 COMM ON PAR VALUE			400	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.

[redacted] [redacted]

File Date FILED
Check No. APR 16 2008
By: By 4558
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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.

Thomas F. Brady 03/07/08
Signature *Date*

THOMAS F. BRADY
Print or Type Name

PRESIDENT
Title

[redacted]

Form 630 Rev. 12/06