

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 2009

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.	(50) (c), each corporation	aung or rejusing to jue us anni	aut report within thirty (30) days upic	The since presented by sale (2)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. Corporate ID No. 109940	2. Name of Corporation Brannigat	n Agency, Ind	2.		
3. Street Address Principal Business C 1583 Diamond H:	ill Road		Woonsocket	State RI	^{Zip} 02895
4. Business Phone No. (401) 766-8900 State of Incorporation Rhode Is			land	_	
6. Brief Description of the Character in all its brai 7. NAMES AND ADDRESSES	nches and	departments	CHMENT) 🔲 FILL IN SPAC	ES BEFORE USING AT	IACHMENTS
Vickie J. Brannigan			Vice President Name S. Br	annigan, Sr.	
Street Address 98 Lynne Lane			Street Address 98 Lynne Lane		
Mapleville	State RI	^{Zip} 02839	^{City} Mapleville	State RI	^{Zip} 02839
Secretary Name Vickie J. Brannigan			Treasurer Name Vickie J. Brannigan		
Sircei Address 98 Lynne Lane			Street Address 98 Lynne Lane		
Mapleville	State RI	^{Zip} 02839	^{City} Mapleville	State RI	zip 02839
8. NAMES AND ADDRESSES Director Name Vickie J. Bran		RS: ("X" BOX FOR AIT	ACHMENT)	ACES BEFORE USING A	TTACHMENTS
Street Address 98 Lynne Lane			Street Address		
City Mapleville	State RI	^{z_p} 02839	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100 No par val	lue	i	10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTION		ENT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	No par val
This report must be executed this report must be executed			ed representative. If the corpo	pration is in the hands of	f a receiver or trustee,

FILED
File Date FEB 2 0 2009
Check No
Ву. ДУ
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I including any accompanyin contained herein are true ar	declare and affirm that I have examined this report, g schedules and statements, and that all statements and correct.
Signature	Date
Vickie J .	Brannigat/
Print or Type Name (
President	
Title	Form 630 Rev. 08/08