

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	s subject to a penalty f	ee of \$25.00.	<b>.</b>	, , , , , , , , , , , , , , , , , , ,	J J		
1. Corporate ID No. 112830	2. Name of Corporation BRAVE RIVER SOLUTIONS, INC.						
3. Street Address Principal Business Office 875 CENTERVILLE ROAD, BLDG. #4			City WAKEFIELD	State RI	<i>Zip</i> 02886		
4. Business Phone No. 401+ 828-6611		5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of TO PROVIDE, MARKET A			RVICES AND PRODUCTS	. =			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name ERNEST GAINES, JR.			ICHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  JAMES J. MCASSEY				
Street Address 875 CENTERVILLE ROAD, BLDG. #4			Street Address 875 CENTERVILLE ROAD, BLDG. #4				
WARWICK	State RI	<sup>Zip</sup> 02886	City WARWICK	State RI	Zip 02886		
Secretary Name ERNEST GAINES, JR.			Treasurer Name BENNETT S. YEE				
Street Address 875 CENTERVILLE ROAD, BLDG. #4			Street Address 10 SPEEN STREET, 4TH FL				
WARWICK	State RI	Zip 02886	City FRAMINGHAM	State MA	Zip 01701		
8. NAMES AND ADDRESSES Director Name ERNEST K. YENKE	OF THE DIRECTOR	S: ("X" BOX FOR ATI	ACHMENT) TILL IN SPACE  Director Name  JAMES J. MCASSEY	CES BEFORE USING A	ATTACHMENTS		
Street Address 14 READ ROAD			Street Address 875 CENTERVILLE ROAD, BLDG. #4				
City SUDBURY	State MA	<i>z<sub>ip</sub></i> 01776	City WARWICK	State RI	<sup>Zip</sup> 02886		
Director Name ERNEST GAINES, JR.			Director Name BENNETT S. YEE				
Street Address 875 CENTERVILLE ROAD, BLDG. #4			Street Address 10 SPEEN STREET, 4TH FL				
City WARWICK	State RI	<i>Ζψ</i> <b>02886</b>	City FRAMINGHAM	State MA	<sup>Zip</sup> 01701		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
11,000,000	COMMON	\$.01	2,100,000	COMMON	\$.01		
3,900,000	PREFERRED	\$.01	3,900,000	PREFERRED	\$.01		
This report must be executed this report must be executed			ed representative. If the corpor or trustee.	ation is in the hands o	f a receiver or trustee		

Title

File Date	3-4-09				
Check No.	5495				
By:	mnc				
FOR SECRETARY OF STATE USE ONLY					

Under penalty of perjury, I decla			
including any accompanying sch		tements, and that all s	statements
contained hereity are true and con	erget.	3/26/02	
Signature	0	Date	1
ERNEST GAINES, JR	₹.		
Print or Type Name			
PRESIDENT			