



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 102475		2. Name of Corporation BRANCH ENTERPRISES, INC.			
3. Street Address Principal Business Office 221 Washington Highway			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-231-1900		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO BUY AND SELL USED CARS AND AUTOBODY.					
7. NAMES AND ADDRESSES OF THE OFFICERS <input type="checkbox"/> (SEE BOX FOR ATTACHMENTS) <input type="checkbox"/>					
President Name Michael L. Branch			Vice President Name Michael L. Branch		
Street Address 221 Washington Highway			Street Address 221 Washington Highway		
City Smithfield	State RI	Zip 02197	City Smithfield	State RI	Zip 02917
Secretary Name Michael L. Branch			Treasurer Name Michael L. Branch		
Street Address 221 Washington Highway			Street Address 221 Washington Highway		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS <input type="checkbox"/> (SEE BOX FOR ATTACHMENTS) <input type="checkbox"/>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <input type="checkbox"/> (SEE BOX FOR ATTACHMENTS) <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
1,000 NO PAR VALUE	common	no par value	-1000-	common	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.



FILED

102475

File Date: _____
Filing No: _____

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.

Michael L. Branch ^{pres.}
Signature Date

Michael L. Branch

Print or Type Name
President

Title