



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 2011

1. Corporate ID No. <b>95357</b>	2. Name of Co Bradley R	2. Name of Corporation Bradley Real Estate Holding Group, Inc.				
. Street Address Principal Business Office PO Box 1435			N Smithfield	State RI	<i>Zip</i> 02896	
. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Chara TO DEVELOP INVEST	acter of Business Condi IN AND HOLD T	icted in Rhode Island TLE AND OWNERSHIP IN R	EAL ESTATE			
. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA resident Name BRADLEY LAFONTAINE			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  BRADLEY LAFONTAINE			
ireet Address 915 SHERMAN FARM ROAD			Street Address 915 SHERMAN FARM ROAD			
City HARRISVILLE	State RI	<sup>Zip</sup> 02830	City HARRISVILLE	State RI	<sup>Zip</sup> 02830	
retary: Name RADLEY LAFONTAINE			Treasurer Name BRADLEY LAFONTAINE			
otreet Address 915 SHERMAN FARM ROAD			Street Address 915 SHERMAN FARM ROAD			
HARRISVILLE	State RI	<sup>Zip</sup> 02830	City HARRISVILLE	State RI	Zip 02830	
. NAMES AND ADDRES Director Name BRADLEY LAFONTA		ECTORS: ("X" BOX FOR AT	ACHMENT)   FILL IN Director Name	SPACES BEFORE USING	G ATTACHMENT	
reet Address 15 SHERMAN FARM ROAD			Street Address			
TO HARRISVILLE	State RI	<i>Ζψ</i> 02830	City	State	Zip	
irector Name			Director Name	······I		
treet Address			Street Address			
ity	State	Z(p	City	State	Ζψ	
. SHARES AUTHORIZEI	)   	I	1	/ ( <i>"X" BOX FOR ATTACE</i> TION <u>MUST</u> BE COMPLETED	 HMENT) [	
his information is curre	ntly of record in the	ne Office of the Secretary of	Number of Shares	Class/Series	Par Value	
state. Changes require a nstruction sheet.	n additional filing	. See Section 9 of	500	COMMON	NO PAR	
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his report must be executis report must be execut	ted on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the co	rporation is in the hands	of a receiver or t	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this reincluding any accompanying schedules and attements, and that all statements are true and correct.	ents
ignatifre Date	<u> </u>
BRADLEY LAFONTAINE	
Print or Type Name	
PRESIDENT	
Title	