



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>1811</u>		2. Exact name of the Corporation <u>BRN INC.</u>		
3. Principal office address <u>611 TOWER HILL ROAD</u>		City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
4. Business Phone No. <u>401-294-9311</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>5 RENTAL CABINS</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>LOUIS H. NORTHUP</u>		Vice-President Name <u>PAULA F. NORTHUP</u>		
Street Address <u>611 TOWER HILL ROAD</u>		Street Address <u>SAME</u>		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State <u>RI</u>
Secretary Name <u>PAULA F. NORTHUP</u>		Treasurer Name <u>LOUIS H. NORTHUP</u>		
Street Address <u>611 TOWER HILL ROAD</u>		Street Address <u>SAME</u>		
City <u>NORTH KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>Charles A Northup Jr.</u>		Director Name		
Street Address <u>160 VENICE PALMS BLVD</u>		Street Address		
City <u>VENICE</u>	State <u>FL</u>	Zip <u>34292</u>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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 <u>600</u>	CLASS/SERIES	PAR VALUE <u>NO</u>

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

File Date FEB 10 2012

Check No. _____

By: 1971

FOR SECRETARY OF STATE USE ONLY

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.

Louis Northup 2-8-12
 Signature of Authorized Representative Date

LOUIS H. NORTHUP
 Print or Type Name of Authorized Representative