



**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. <b>98404</b>		2. Exact name of the Corporation <b>Bradford Design, Inc.</b>			
3. Principal office address <b>2227 Mineral Spring Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. Business Phone No. <b>(401) 231-0099</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of constructing, rehabilitating and changing buildings.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Kristine M. Teto</b>			Vice-President Name <b>Kristine M. Teto</b>		
Street Address <b>2227 Mineral Spring Avenue</b>			Street Address <b>2227 Mineral Spring Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Kristine M. Teto</b>			Treasurer Name <b>Kristine M. Teto</b>		
Street Address <b>2227 Mineral Spring Avenue</b>			Street Address <b>2227 Mineral Spring Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Kristine M. Teto</b>			Director Name		
Street Address <b>2227 Mineral Spring Avenue</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	CLASS/SERIES	PAR VALUE
			8,000	Common	No Par

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  
 Check No **FEB 23 2012**  
 By **19998**

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.

*Kristine Teto* 2/15/2012  
 Signature of Authorized Representative Date

**Kristine Teto - President**

Print or Type Name of Authorized Representative