



**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 2014**

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.<br><b>98404</b>  |                    | 2. Exact name of the Corporation<br><b>Bradford Design, Inc.</b> |  |                    |                     |
| 3. Principal office address<br><b>2227 Mineral Spring Avenue</b>  |                    |  | City<br><b>North Providence</b>  | State<br><b>RI</b> | Zip<br><b>02911</b> |
| 4. Business Phone No.<br><b>401-231-0099</b>  |                    |  | 5. State of Incorporation<br><b>Rhode Island</b>                           |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the business of constructing, rehabilitation and changing buildings.</b> |                    |  |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |  |  |                    |                     |
| President Name<br><b>Kristine M. Teto</b>   |                    |  | Vice-President Name<br><b>Kristine M. Teto</b>                             |                    |                     |
| Street Address<br><b>2227 Mineral Spring Avenue</b>   |                    |  | Street Address<br><b>same</b>  |                    |                     |
| City<br><b>North Providence</b>   | State<br><b>RI</b> | Zip<br><b>02911</b>  | City   | State              | Zip                 |
| Secretary Name<br><b>Kristine M. Teto</b>   |                    |  | Treasurer Name<br><b>Kristine M. Teto</b>                                  |                    |                     |
| Street Address<br><b>same</b>   |                    |  | Street Address<br><b>same</b>  |                    |                     |
| City  | State              | Zip  | City   | State              | Zip                 |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |  |                    |                     |
| Director Name<br><b>Kristine M. Teto</b>  |                    |  | Director Name  |                    |                     |
| Street Address<br><b>Same</b>   |                    |  | Street Address   |                    |                     |
| City  | State              | Zip  | City   | State              | Zip                 |
| Director Name   |                    |  | Director Name  |                    |                     |
| Street Address  |                    |  | Street Address   |                    |                     |
| City  | State              | Zip  | City   | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b>   |                    |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                     |
| 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           |
|   |                    |  | 8000   | 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.*

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

APR 23 2014

BY 22404

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 3/2/14  
 Signature of Authorized Representative Date

Kristine Teto - President  
 Print or Type Name of Authorized Representative