



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.

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|--|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No. 105163 | | 2. Exact name of the Corporation JOHN BRAGA AND ASSOCIATES, INC. | | | |
| 3. Principal office address 144 RHODE ISLAND BOULEVARD | | | City PORTSMOUTH | State RI | Zip 02871 |
| 4. Business Phone No. 401-683-0101 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief description of the character of business conducted in Rhode Island TO PROVIDE CIVIL ENGINEERING AND LAND SURVEYING SERVICES | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT | | | | | |
| President Name JOHN BRAGA, JR. | | | Vice-President Name NANCY SILVA | | |
| Street Address 144 RHODE ISLAND BOULEVARD | | | Street Address 144 RHODE ISLAND BOULEVARD | | |
| City PORTSMOUTH | State RI | Zip 02871 | City PORTSMOUTH | State RI | Zip 02871 |
| Secretary Name JOHN BRAGA, JR. | | | Treasurer Name JOHN BRAGA, JR. | | |
| Street Address 144 RHODE ISLAND BOULEVARD | | | Street Address 144 RHODE ISLAND BOULEVARD | | |
| City PORTSMOUTH | State RI | Zip 02871 | City PORTSMOUTH | State RI | Zip 02871 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT | | | | | |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED (X) BOX FOR ATTACHMENT | | |
| 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 |
| | | | 100 | 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 _____
 BY _____
 FOR SECRETARY OF STATE USE ONLY

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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.

John Braga, Jr.
 Signature of Authorized Representative _____ Date _____
JOHN BRAGA, JR.
 Print or Type Name of Authorized Representative