

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.	2 Exact na	me of the Corporation				
86654	į.	A & M Bragger, Inc.				
00034		gg,				
3. Principal office address 100 Brownlee Boulevard			City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-737-2999			5. State of Incorporation Rhode Island			
 Brief description of the characteristics, developed 				roal actate		
Acquisition, develop	mient, sales d	ind lease of confiner	ciai anu muusmai	rear estate.		
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President Name Albert E. Bragger, Jr.			Vice-President Name Mark A. Bragger, Sr.			
Street Address 30 Towbridge Drive			Street Address 19 Beverly Ann Drive			
City North Kingstown	State RI	Zip 02852	City Hope Valley	State RI	Zip 02832	
Secretary Name Mark A. Bragger, Sr.			Treasurer Name Albert E. Bragger, Jr.			
Street Address 19 Beverly Ann Drive			Street Address 30 Towbridge Drive			
City Hope Valley	State RI	Zip 02832	City North Kingstov	vn State	Zip 02852	
UST ALL PERSONS (WHES AND ADD	ARSS (ACCESSAGE)				
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City State		Zip	
Director Name			Director Name			
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Dity	State	Zip	City	State	Zip	
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his information is currently of record in the Office of the Secretary of State. Changes require an additional filing, see Section 9 of instruction sheet.			50	common	no par value	
			50	common	no par value	
This report must be execute		corporation by an authorize st be executed on behalf of			s of a receiver or trustee,	

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Form No. 630 Revised: 01/2012 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.

Marshall m. 1-

Signature of Authorized Representative

Mark A. Bragger
Print or Type Name of Authorized Representative