

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

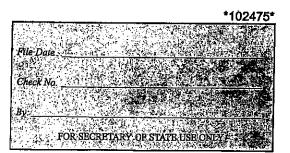
Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

2015 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 2. Name of Corporation					
102475	BRANCH ENTE	RPRISES, INC.			
3. Street Address Principal Business Office			City	State	Ζip
221 Washington Highway			Smithfield	RI	02917
4. Business Phone No.		5. State of Incorporation			
401-231-1900 RHODE ISLAND					•
6. Brief Description of the Character	of Business Conducted in F	Phode Island			
TO BUY AND SELL USE	ED CARS AND AUTOB	ODY.			
7. names and addresses	OF THE OFFICERS:	CONTROL TO BAYUA	GEOGRAP) THE BURNEY STATES	में की शहर का जाता है। के	Copent to Vision Personal En
President Name			Vice President Name		
Michael L. Branch			Michael L. Branch		
Street Address			Street Address		
221 Washington Highway			221 Washington Highway		
City	State	Zip	City	State	Zψ
Smithfield	RI	02197	Smithfield	RI	02917
Secretary Name			Treasurer Name		
Michael L. Branch			Michael L. Branch		
Street Address			Street Address 221 Washington Highway		
221 Washington Hig	limay		zzi wasiiiigton Higi	iway	·
City	State	Zφ	City	State	Z中
Smithfield	RI	02917	Smithfield	RI	02917
8. NAMES AND ADDRESSES	OF THE DIRECTOR		vosmier) 🔲 indicīv sive	des manga i chambas and	ny diamena
Director Name			Director Name		* * *
N/A					
Street Address			Street Address		
	1205	T = .		La	la.
City	State	Zfp	City	State	Zip
	L			l	L
Director Name			Director Name		
Street Address			Street Address		
Clty	State	Zip	City	State	Zip
Cuy		, <i>L.</i> ip		Just	<i>5.</i> p
A CUADRO ATTUMBIZEDA	   Yearon hod worke				PART LINES CONT.
		Par Value	Number of Shares	Class/Series	F V ue
1,000 NO PAR VALUE common no par value			3000		
			-1000-	common	no par value
			THIS SECTION MUST BE COMPLETED		
			11110		ļ
This report must be executed of	on behalf of the corpo	ration by an authorized	representative. If the corporat	tion is in the hands of a	receiver or trustee
this report must be arresulted a	n hehalf of the corner	ation by the receiver or	trustas	II III III MANUS VI A	receiver or trustee,





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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.

Signature

Michael L. Branch

Print or Type Name

President

Title