



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

Corporations Division  
148 W. River  
Providence, RI 02904-26  
401.222.30

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

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.

1. Corporate ID No. <b>102475</b>		2. Name of Corporation <b>BRANCH ENTERPRISES, INC.</b>			
3. Street Address Principal Business Office <b>221 Washington Highway</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. Business Phone No. <b>401-231-1900</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO BUY AND SELL USED CARS AND AUTOBODY.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENTS) (FILL IN SPACES BELOW USING CAPITAL LETTERS)					
President Name <b>Michael L. Branch</b>			Vice President Name <b>Michael L. Branch</b>		
Street Address <b>221 Washington Highway</b>			Street Address <b>221 Washington Highway</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
Secretary Name <b>Michael L. Branch</b>			Treasurer Name <b>Michael L. Branch</b>		
Street Address <b>221 Washington Highway</b>			Street Address <b>221 Washington Highway</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENTS) (FILL IN SPACES BELOW USING CAPITAL LETTERS)					
Director Name <b>N/A</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENTS) (FILL IN SPACES BELOW USING CAPITAL LETTERS)					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>	<b>common</b>	<b>no par value</b>	<b>-1000-</b>	<b>common</b>	<b>no par value</b>
<b>THIS SECTION MUST BE COMPLETED</b>					

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**

**JAN 21 2016**

**KL 21891**

\*102475\*

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.

*Michael L. Branch*  
Signature Date

**Michael L. Branch**

Print or Type Name

**President**

Title

FOR SECRETARY OF STATE USE ONLY

File No. \_\_\_\_\_

File No. \_\_\_\_\_