



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 102475		2. Exact name of the Corporation BRANCH ENTERPRISES, INC.			
3. Principal Office Address 221 Washington Highway		City Smithfield		State RI	Zip 02917
4. Business Phone Number 401-231-1900		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To buy and sell used cars and autobody					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael L. Branch		Vice-President Name Michael L. Branch			
Street Address 221 Washington Highway		Street Address 221 Washington Highway			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Michael L. Branch		Treasurer Name Michael L. Branch			
Street Address 221 Washington Highway		Street Address 221 Washington Highway			
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name N/A		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			1. Shares Issued		
This information is currently of record in the Department of State. 1000 common no par value Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	common	no par value
11. 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. 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.					
Name of Authorized Representative Michael L. Branch, President					Date 1-17-17
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JAN 17 2017

BY

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