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 | 2. Exact name of the Corporation |
|---|---|
| 95357 | BRADLEY REAL ESTATE HOLDING GROUP, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| PO BOX 1435 | NORTH SMITHFIELD | RI | 02896 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 53 - Real Estate and Rental and | TO DEVELOP INVEST IN AND HOLD TITLE AND OWNERSHIP IN REAL ESTATE |
| 5. State of Incorporation | |
| RHODE ISLAND | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: BRADLEY LAFONTAINE | | | Vice-President Name: BRADLEY LAFONTAINE | | |
| Street Address: 915 SHERMAN FARM RD | | | Street Address: 915 SHERMAN FARM RD | | |
| City: HARRISVILLE | State: RI | Zip: 02830 | City: HARRISVILLE | State: RI | Zip: 02830 |
| Secretary Name: BRADLEY LAFONTAINE | | | Treasurer Name: BRADLEY LAFONTAINE | | |
| Street Address: 915 SHERMAN FARM RD | | | Street Address: 915 SHERMAN FARM RD | | |
| City: HARRISVILLE | State: RI | Zip: 02830 | City: HARRISVILLE | State: RI | Zip: 02830 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: BRADLEY LAFONTAINE | | | Director Name | | |
| Street Address: 915 SHERMAN FARM RD | | | Street Address | | |
| City: HARRISVILLE | State: RI | Zip: 02830 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

9. Shares Authorized

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 500 | COMMON | NO PAR |
| | | |

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: BRADLEY LAFONTAINE

Date: 2/21/17

Signature of Authorized Representative

FILED

FEB 27 2017

BY 63729

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 630 - Revised: 02/2017