RI SOS Filing Number: 201751795490 Date: 10/18/2017 10:27:00 AM

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 nam	2. Exact name of the Corporation					
000100370		Branch Canyon Properties, Inc.					
3. Principal Office Address			City		State	Zip	
29 Meeting House Lane			Little Comp	ton	RI	02837	
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island					
531390	To own ar	To own and manage real property					
5. State of Incorporation		ia ilianago iou, p	operty				
RI							
7. List ALL officers (names ar	nd addresses)	-			the box to in	dicate an attachment 🔲	
President Name Richard L. Bready			Vice-President Name				
Street Address 280 Irving Ave			Street Address				
^{City} Providence	State RI	^{Zip} 02906	City		State	Zip R	
Secretary Name Richard L. Bready			Treasurer Name Richard L. Bready				
Street Address 280 Irving Ave			Street Address 280 Irving Ave				
City Providence	State RI	^{Zip} 02906	City Providence		State RI Zip 02906		
8. List ALL directors (names	and addresses)		······································	Check	the box to in-	dicate an attachment	
Director Name Richard L. Bready			Director Name				
Street Address 280 Irving Ave			Street Address				
City Providence	State RI	^{Zip} 02906	City		State	Zip	
Director Name		. •	Director Name		 		
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	nares Issued C		heck the box to indicate an attachment		
This information is currently of record in the Department of State, Changes require an additional filing.		NUMBER O	F SHARES	CLASS/SERIES		PAR VALUE	
		100			j	0	
			-				
11. This report must be execu	ited on behalf of the	corporation by an	authonzed represer	ntative. If the corpo	ration is in th	e hands of a receiver or	
trustee, this report must be en							
Under penalty of perjury, i (statements, and that all sta				iuding any accon	npanying sci	neaules and	
Name of Authorized Represe		Date					
Richard L. Bready	F	ILED	D 10/10/17				
Signature of Authorized Repr	esentative						
(Ichard F	Greaty		OCT	1 8 2017			
MAIL TO:	(/						

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BYLE 315102

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FORM 630 - Revised: 08/2017