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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.

| Entity ID Number | 2. Exact nam | 2. Exact name of the Corporation | | | | | |
|---|-----------------------|---|----------------------------------|------------------------|----------------|------------------------|--|
| 000100370 | Branc | Branch Canyon Properties, Inc. | | | | | |
| Principal Office Address | · | | | | State | Zip | |
| 29 Meeting House Lane | | | Little Compton | | 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 | | | | | | | |
| RI | İ | | | | | | |
| 7. List ALL officers (names ar | nd addresses) | | <u> </u> | Check th | ne box to indi | cate an attachment | |
| President Name Richard L. E | Vice-President Name | | | | | | |
| Street Address 280 Irving Ave | | | Street Address | | | | |
| ^{City} Providence | State RI | ^{Zip} 02906 | City | | State | 21 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 a | and addresses) | | | Check th | e box to indi | catecan attachment | |
| Director Name Richard L. Bready | | | Director Name | | | | |
| Street Address 280 Irving Ave | | | Street Address | | | | |
| City Providence | State RI | Zip 02906 | City | <u> </u> | State | Zip | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| Shares Authorized 10. Shares Iss | | | | | | | |
| 9. Shares Authorized This information is currently of record in the | | NUMBER O | F SHARES | CLASS/SERIES PAR VALUE | | | |
| Department of State. Changes require an additional filing. | | 100 | | | j o | | |
| | | | - | · | | | |
| 11. This report must be execu | ited on behalf of the | corporation by an a | authorized representative | If the cornora | tion is in the | hands of a receiver or | |
| trustee, this report must be ex | recuted on behalf of | the corporation by | the receiver or trustee. | | | | |
| Under penalty of perjury, I o | declare and affirm | that I have examin | ed this report, including | any accomp | anying sch | edules and | |
| statements, and that all state Name of Authorized Represen | | nerein are true an | a correct. | | Date | | |
| Richard L. Bready | FILE | D | 10 lu | 117 | | | |
| Signature of Authorized Repri | esentative Great | | OCT 18 | | | | |
| , | | | | | | | |

MAIL TO:

Division of Business Services

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

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

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FORM 630 - Revised: 08/2017