| State | of Rhode Island and Pro Office of the Secreta | | e: \$50.00 | | | | | |
|--|--|--|------------|--|--|--|--|--|
| Division Of Business Services 148 W. River Street Providence RI 02904-2615 | | | | | | | | |
| HOPE | (401) 222-304 | | | | | | | |
| Business Corporation Annual Report Filing Period: January 1 - March | 1 | | | | | | | |
| In accordance with R.I.G.L. 7-1.2 annual report within thirty (30) da (c&d)) is subject to a penalty fee | ays after the time prescribed by l | · · · · · · · · · · · · · · · · · · · | | | | | | |
| ANNUAL REPORT YEAR: 2019 | | | | | | | | |
| 1. Corporate ID No. 000002758 | | | | | | | | |
| 2. Name of Corporation Branch Apartments, Inc. | | | | | | | | |
| 3. Street Address Principal Business Office: | | | | | | | | |
| No. and Street:1905 MINERAL SPRING AVENUECity or Town:NORTH PROVIDENCEState: RIZip:02904Country: USA | | | | | | | | |
| 4. Business Phone No. | | | | | | | | |
| <u>401 3531103</u> | | | | | | | | |
| 5. State of Incorporation | | | | | | | | |
| State: <u>RI</u> | | | | | | | | |
| ARTICLE III | | | | | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | | | | | | |
| <u>531110</u> | | | | | | | | |
| 6. Brief Description of the Ch | aracter of Business Conducte | d in Rhode Island | | | | | | |
| ELDERLY HOUSING | | | | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | | | | |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete. | | | | | | | | |
| Title | Individual Name | Address | | | | | | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Con | untry | | | | | |
| PRESIDENT | WARREN L. SCHWERIN | 2 MANHATTANVILLE ROAD PURCHASE, NY 10577 US | | | | | | |

| PRESIDENT | WARREN L. SCHWERIN MR. N DA | | 48 ROBERT ST RTMOUTH, MA 02747 USA | | | | | |
|---|--------------------------------|---------------------|---------------------------------------|--|--|--|--|--|
| 8. Shares Authorized and Issued | | | | | | | | |
| Class of Stock | Series of Stock | Par Value Per Share | | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> | | | |
| CNP | | \$0.0000 | | 600.00 | 600 | | | |
| Signed this 29 Day of January, 2019 at 12:05:55 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2. By <u>JACQUELYN MCDONALD</u> Signature of Authorized Representative of the Corporation | | | | | | | | |
| Form No. 630 Revised 09/07 | | | | | | | | |
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