



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with multiple sections: 1. Corporate ID No (119143), 2. Name of Corporation (BRAVA EMPLOYMENT, INC.), 3. Street Address (38 CROSSMAN STREET # 1), 4. Business Phone No. ((401)721-2150), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (7732), 7. Brief Description of the Character of Business Conducted in Rhode Island (TO CONDUCT AN EMPLOYMENT AGENCY...), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: JOHN A. VARELLA, Vice President: MARIA CELINA VARELLA), 9. NAMES AND ADDRESSES OF THE DIRECTORS (NONE), 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (NONE).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 1/27/05
Check No.: 842
By: DA
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: [Handwritten Signature] Date: 01/24/05
Print or Type Name of Officer: JOHN A. VARELLA
Title of Officer: PRESIDENT



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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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Form with multiple sections: 1. Corporate ID No (119143), 2. Name of Corporation (BRAVA EMPLOYMENT, INC.), 3. Street Address (38 CROSSMAN STREET), 4. Business Phone No ((401) 721-2150), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (7732), 7. Brief Description of the Character of Business Conducted in Rhode Island (TO CONDUCT AN EMPLOYMENT AGENCY...), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: John A. Varella, Vice President: Maria C. elina Varella), 9. NAMES AND ADDRESSES OF THE DIRECTORS (NONE), 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (NONE).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 1 4 3 *

File Date: 1-9-04
Check No: 769
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 01/02/04
Signature of Officer Date

JOHN A VARELLA

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **119143** 2. Name of Corporation **BRAVA EMPLOYMENT, INC.**
3. Street Address Principal Business Office **38 CROSSMAN STREET** City **CENTRAL FALLS** State **RI** Zip **02863**
4. Business Phone No. **(401)721-2150** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7732**
7. Brief Description of the Character of Business Conducted in Rhode Island

EMPLOYMENT AGENCY / GENERAL SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOHN A. VARELLA	Vice President Name MARIA CELINA VARELLA
Street Address 134 VALLEY STREET	Street Address 134 VALLEY STREET
City CENTRAL FALLS State RI Zip 02863	City CENTRAL FALLS State RI Zip 02863
Secretary Name N/A	Treasurer Name N/A
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name N/A	Director Name N/A
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 1 4 3 *

File Date: 2-26-03
Check No.: 695
By: ICP

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.

Signature of Officer [Signature] Date 02/24/2003

JOHN A. VARELLA
Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **119143** 2. Name of Corporation **BRAVA EMPLOYMENT, INC.**
3. Street Address Principal Business Office **38 Crossman Street #1**
4. Business Phone No. **(401) 721-2150** 5. State of Incorporation **RHODE ISLAND**

City **Central Falls** State **RI** Zip **02863**
6. SIC Code **7732**

7. Brief Description of the Character of Business Conducted in Rhode Island
Employment Agency - General Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **John A. Varella**
Street Address **495 Hunt St #2**
City **Central Falls** State **RI** Zip **02863**

Vice President Name **Maria Celina Varella**
Street Address **495 Hunt St #2**
City **Central Falls** State **Ri** Zip **02863**

Secretary Name **NONE**
Street Address **NONE**
City **NONE** State **NONE** Zip **NONE**

Treasurer Name **NONE**
Street Address **NONE**
City **NONE** State **NONE** Zip **NONE**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **NONE**
Street Address **NONE**
City **NONE** State **NONE** Zip **NONE**

Director Name **NONE**
Street Address **NONE**
City **NONE** State **NONE** Zip **NONE**

Director Name **NONE**
Street Address **NONE**
City **NONE** State **NONE** Zip **NONE**

Director Name **NONE**
Street Address **NONE**
City **NONE** State **NONE** Zip **NONE**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares **1,000 NO PAR VALUE** Class/Series **NONE** Par Value **NONE**

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares **NONE** Class/Series **NONE** Par Value **NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 9 1 4 3 *

File Date: 1/28/02
Check No.: 357
By: [Signature]

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.

[Signature] 01-24-02
Signature of Officer Date
John A. Varella
Print or Type Name of Officer

President
Title of Officer