



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)

1. Corporate ID No 119143		2. Name of Corporation BRAVA EMPLOYMENT, INC.			
3. Street Address Principal Business Office 38 CROSSMAN STREET # 1		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 TO CONDUCT AN EMPLOYMENT AGENCY FOR THE PURPOSE OF OBTAINING TEMPORARY AND PERMANENT EMPLOYMENT IN PLACES OF EMPLOYMENT FOR DOMESTIC SERVANTS LABORERS AND ANY OTHER CLASSES OF EMPLOYEES EXCEPT SEAMEN.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN A. VARELLA			Vice President Name MARIA CELINA VARELLA		
Street Address 134 VALLEY STREET #1			Street Address 134 VALLEY STREET #1		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			NONE		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



File Date	1/27/05
Check No.	842
By:	DA
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 of Officer
Date 01/24/05
JOHN A. VARELLA
Print or Type Name of Officer
PRESIDENT
Title of Officer



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 2004

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(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 TO CONDUCT AN EMPLOYMENT AGENCY FOR THE PURPOSE OF OBTAINING TEMPORARY AND PERMANENT EMPLOYMENT IN PLACES OF EMPLOYMENT FOR DOMESTIC SERVANTS LABORERS AND ANY OTHER CLASSES OF EMPLOYEES, EXCEPT SEAMEN.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John A. Varella			Vice President Name Maria C. elina Varella		
Street Address 134 Valley Street #1			Street Address 134 Valley Street #1		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO 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	1-9-04
Check No.	769
By:	
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 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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares Class/Series Par Value

Number of Shares Class/Series Par Value

1,000 NO 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: 100

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 of Officer

02/24/2003

Date

JOHN A. VARELLA

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 630 12/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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** 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 Street Address 495 Hunt St #2 City Central Falls State RI Zip 02863 Secretary Name NONE Street Address NONE City _____ State _____ Zip _____	Vice President Name Maria Celina Varella Street Address 495 Hunt St #2 City Central Falls State RI Zip 02863 Treasurer Name NONE Street Address NONE City _____ State _____ Zip _____
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name NONE Street Address NONE City _____ State _____ Zip _____	Director Name NONE Street Address NONE City _____ State _____ Zip _____
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

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

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: 912

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 of Officer: [Signature] Date: 01-24-02

Print or Type Name of Officer: John A. Varella

Title of Officer: President