RI SOS Filing Number: 202037150040 Date: 4/2/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

	FILED
	APR 0 2 2020
₩	1100

Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
000100370 Branch Canyon Properties, Inc.								
Principal Office Address     Meeting House Lane		City Little Compto	<u>.</u>	State RI	Zip <b>02837</b>			
4. NAICS Code	intion of the charac				02037			
531390	1	Brief description of the character of business conducted in Rhode Island						
State of Incorporation	To own and manage real property							
RI								
7. List ALL officers (names and	addresses)				e box to indi	cate an attachment 🗖		
President Name Richard L. Br	Vice-President Name							
Street Address 280 Irving Ave	Street Address							
City Providence	State RI	<sup>Zip</sup> 02906	City		State	Zip		
Secretary Name Richard L. Br	Treasurer Name Richard L. Bready							
Street Address 280 Irving Ave			Street Address 280 Irving Ave					
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02906	City Providence		State RI	<sup>Zp</sup> 02906		
8. List ALL directors (names an	nd addresses)			Check th	ne box to indi	cate an attachment		
Director Name Richard L. Bre	eady		Director Name					
Street Address 280 Irving Ave	Street Address							
City Providence	State RI	<sup>Z<sub>1</sub>p</sup> 02906	City		State	Zip		
Director Name	Director Name							
Street Address	Street Address							
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	Issued Ci		heck the box to indicate an attachment			
This information is currently of r	ecord in the	NUMBER OF SHARES C		CLASS/SERIES				
Department of State.	100			(	)			
Changes require an additional fil								
11. This report must be execute trustee, this report must be exe	ed on behalf of the	corporation by an	authorized represent	ative. If the corpora	ation is in the	hands of a receiver or		
Under penalty of perjury, I de	clare and affirm	that I have examin	ed this report, inclu		anying sch	edules and		
statements, and that all state Name of Authorized Represent		Date						
Raipher Pellegrino			March 30, 2020					
Signature of Authorized Representations a particular appears a	sentative llegrino	SIGN DO	CUMENT HERE		I			

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