



FEB 04 2021

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
 \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>102475</b>		2. Name of Corporation <b>BRANCH ENTERPRISES, INC.</b>	
3. Street Address Principal Business Office <b>221 Washington Highway</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917</b>	
4. Business Phone No. <b>401-231-1800</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO BUY AND SELL USED CARS AND AUTOBODY. 423110</b>			
<del>7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS</del>			
President Name <b>Michael L. Branch</b>		Vice President Name <b>Michael L. Branch</b>	
Street Address <b>221 Washington Highway</b>		Street Address <b>221 Washington Highway</b>	
City <b>Smithfield</b>	State <b>RI</b>	City <b>Smithfield</b>	State <b>RI</b>
Zip <b>02197</b>		Zip <b>02917</b>	
Secretary Name <b>Michael L. Branch</b>		Treasurer Name <b>Michael L. Branch</b>	
Street Address <b>221 Washington Highway</b>		Street Address <b>221 Washington Highway</b>	
City <b>Smithfield</b>	State <b>RI</b>	City <b>Smithfield</b>	State <b>RI</b>
Zip <b>02917</b>		Zip <b>02917</b>	
<del>8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS</del>			
Director Name <b>N/A</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<del>9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT)</del>			
AUTHORIZED SHARES		10. SHARES ISSUED (X BOX FOR ATTACHMENT)	
Number of Shares		Number of Shares	
Class/Series		Class/Series	
Par Value		Par Value	
<b>1,000 NO PAR VALUE</b>	<b>common</b>	<b>no par value</b>	<b>no par value</b>
		<b>-1000-</b>	<b>common</b>
			<b>no par value</b>
<b>THIS SECTION MUST BE COMPLETED</b>			

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



\*102475\*

File Date
Check No.
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.

*Michael L. Branch* 1/24/21  
 Signature Date

Michael L. Branch

Print or Type Name  
 President

Title