



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

Annual Report for the year: 2022  
 Corporation

MAR 08 2022  
 BY *[Signature]*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 105163	2. Exact name of the Corporation JOHN BRAGA AND ASSOCIATES, INC.
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3. Principal Office Address 144 RHODE ISLAND BOULEVARD	City PORTSMOUTH	State RI	Zip 02871
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4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE CIVIL ENGINEERING AND LAND SURVEYING SERVICES
5. State of Incorporation RHODE ISLAND	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
President Name JOHN BRAGA JR.	Vice-President Name NANCY SILVA
Street Address 144 RHODE ISLAND BOULEVARD	Street Address 144 RHODE ISLAND BOULEVARD
City PORTSMOUTH	City PORTSMOUTH
State RI	State RI
Zip 02871	Zip 02871
Secretary Name JOHN BRAGA JR.	Treasurer Name JOHN BRAGA JR.
Street Address 144 RHODE ISLAND BOULEVARD	Street Address 144 RHODE ISLAND BOULEVARD
City PORTSMOUTH	City PORTSMOUTH
State RI	State RI
Zip 02871	Zip 02871

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Director Name N/A	Director Name N/A
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name N/A	Director Name N/A
Street Address	Street Address
City	City
State	State
Zip	Zip

9. Shares Authorized	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	COMMON	NO PAR

11. 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.

*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.*

Name of Authorized Representative JOHN BRAGA JR., PRESIDENT	Date 2/28/2022
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Signature of Authorized Representative <i>[Signature]</i>
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