



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

- 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 98404		2. Exact name of the Corporation Bradford Design, Inc.			
3. Principal Office Address 2227 Mineral Spring Avenue			City North Providence	State RI	Zip 02911-0000
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island to engage in the business of constructing, rehabilitating, reconstructing and changing buildings			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kristine M. Teto			Vice-President Name Kristine M. Teto		
Street Address 2227 Mineral Spring Avenue			Street Address 2227 Mineral Spring Avenue		
City North Providence	State RI	Zip 02911-	City North Providence	State RI	Zip 02911-
Secretary Name Kristine M. Teto			Treasurer Name Kristine M. Teto		
Street Address 2227 Mineral Spring Avenue			Street Address 2227 Mineral Spring Avenue		
City North Providence	State RI	Zip 02911-	City North Providence	State RI	Zip 02911-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kristine M. Teto			Director Name none		
Street Address 2227 Mineral Spring Avenue			Street Address none		
City North Providence	State RI	Zip 02911-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			8000	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 Kristine M. Teto President					Date February 1, 2024
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

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