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	2. Exact name of the Corporation
98404	Bradford Design, Inc.

3. Principal Office Address	City	State	Zip
2227 Mineral Spring Avenue	North Providence	RI	02911-0000

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	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 ☐

President Name			Vice-President Name		
Kristine M. Teto			Kristine M. Teto		
Street Address			Street Address		
2227 Mineral Spring Avenue			2227 Mineral Spring Avenue		
City	State	Zip	City	State	Zip
North Providence	RI	02911-	North Providence	RI	02911-
Secretary Name			Treasurer Name		
Kristine M. Teto			Kristine M. Teto		
Street Address			Street Address		
2227 Mineral Spring Avenue			2227 Mineral Spring Avenue		
City	State	Zip	City	State	Zip
North Providence	RI	02911-	North Providence	RI	02911-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Kristine M. Teto			none		
Street Address			Street Address		
2227 Mineral Spring Avenue			none		
City	State	Zip	City	State	Zip
North Providence	RI	02911-	none	none	none
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	8000	Common	No Par
Changes require an additional filing.			

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		Date
Kristine M. Teto	President	February 1, 2024
Signature of Authorized Representative		

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FILED
APR 25 2024
BY 2075

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

FORM 630- Revised: 12/2023