

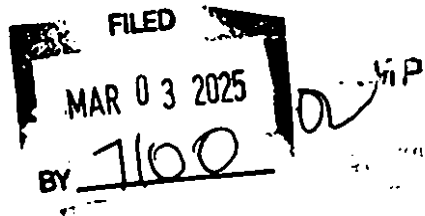


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 000002726		2. Exact name of the Corporation BRADA MANUFACTURING INC.	
3. Principal Office Address 46 Industrial Drive, Unit B		City Warwick	State RI
		Zip 02886	
4. NAICS Code 311710	6. Brief description of the character of business conducted in Rhode Island Manufacture screw machine products		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael W. Hamilton		Vice-President Name Michael W. Hamilton	
Street Address 2 James Trail Driftway		Street Address 2 James Trail Driftway	
City Richmond	State RI	City Richmond	State RI
Zip 02892		Zip 02892	
Secretary Name Michael W. Hamilton		Treasurer Name Michael W. Hamilton	
Street Address 2 James Trail Driftway		Street Address 2 James Trail Driftway	
City Richmond	State RI	City Richmond	State RI
Zip 02892		Zip 02892	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		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	
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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		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 Michael Hamilton			Date 2-18-25
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.ri.gov