



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAR 24 2025

CB

BY 8476

1. Entity ID Number 000105163		2. Exact name of the Corporation JOHN BRAGA AND ASSOCIATES, INC.			
3. Principal Office Address 144 RHODE ISLAND BLVD.		City PORTSMOUTH		State RI	Zip 02871
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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN BRAGA JR.			Vice-President Name NANCY SILVA		
Street Address 144 RHODE ISLAND BLVD.			Street Address 144 RHODE ISLAND BLVD.		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name JOHN BRAGA JR.			Treasurer Name JOHN BRAGA JR.		
Street Address 144 RHODE ISLAND BLVD.			Street Address 144 RHODE ISLAND BLVD.		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 3/20/25
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