RI SOS Filing Number: 202568767180 Date: 3/31/2025 4:00:00 PM

State of Rhode Island

**Department of State - Business Services Division** 

Annual	Report	for the	year:
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2025

Corporation

→ Filing period: February 1 - May 1 → Filing Fee. \$50.00

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	MAR 3 1 2025
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→ Penalty: Additional \$25.00 f	lee <u>if form</u> is not fi	led by May 31.								
Entity ID Number	2 Exact name of the Corporation									
95357	Bradley R	Bradley Real Estate Holding Group, Inc.								
3. Principal Office Address	<u> </u>		City		State		Żip			
PO Box 1435			North S	Smithfield	RI		02896			
4. NAICS Code	6. Brief description	on of the characte	er of busines:	s conducted in Rhoo	le Island	·				
531190	To Develop, Invest and Hold Title and Ownership in Real Estate									
5. State of Incorporation										
RI	1									
7. List ALL officers (names and ad-	dresses)	-	Jugan Barrie	! Name	e box to indic		chment 🗆			
President Name Bradley LaFontaine				Vice-President Name Bradley LaFontaine						
Street Address 915 Sherman Farm Road			Street Addr	Street Address 915 Sherman Farm Road						
City Harrisville	State RI	<sup>Zıp</sup> 02830	I	City Harrisville		રા	<sup>Zip</sup> 02830			
Bradley LaFontaine			Treasurer N	Treasurer Name Bradley LaFontaine						
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road							
City Harrisville	State RI	<sup>Zip</sup> 02830	City Harrisville			रा	<sup>Z<sub>ip</sub></sup> 02830			
8. List ALL directors (names and a	iddresses)				e box to indic	ate an att	achment 🔲			
Director Name Bradley LaFontaine		Director Name Bradley LaFontaine								
Street Address 915 Sherman Farm Road			Street Addr	Street Address 915 Sherman Farm Road						
City Harrisville	State RI	<sup>Zip</sup> 02830	City Harrisville		State	र।	<sup>Zip</sup> 02830			
Director Name			Director Name							
Street Address			Street Address							
City	State	Žip	City	City			Zip			
Shares Authorized		10. Shares Issued Check the box to indicate an attained by MARK OF SHARES CLASSISLINES BY			tachment  PAR VALUE					
This information is currently of record in the Department of State.  Changes require an additional filing.		500	onenco	Common	<u> </u>	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 re-										
ceiver 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	Date					
Bradley LaFontaine				3	327 2025					
Signature of Authorized Representative										
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov