STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
2893	C BRITO CONSTRUCTION CONPANY, INC

3. Principal office address	City	State	Zip
101 TUPELO STREET	BRISTOL	RI	02809

4. Business Phone No.	5. State of Incorporation
401-253-9277	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
GENERAL CONTRACTING

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
JOSEPH M BRITO	4110 WEST PALM AIRE DRIVE-UNIT 104B	POMPANO BEACH	FL	33069

Vice-President Name	Street Address	City	State	Zip
JOSEPH M BRITO JR	161 POPPASQUASH RD	BRISTOL	RI	02809

Secretary Name	Street Address	City	State	Zip
JOSEPH M BRITO	4110 WEST PALM AIRE DRIVE-UNIT 104B	POMPANO BEACH	FL	33069

Treasurer Name	Street Address	City	State	Zip
JOSEPH M BRITO JR	161 POPPASQUASH RD	BRISTOL	RI	02809

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
JOSEPH M BRITO	4110 WEST PALM AIRE DRIVE-UNIT 104B	POMPANO BEACH	FL	33069

Director Name	Street Address	City	State	Zip
JOSEPH M BRITO JR	161 POPPASQUASH RD	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CLASS A COMM	1.00
10.000	CLASS B COMM	1.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
DEC 2 1 2012
BY 65993

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.

Signature of Authorized Representative — Date: 12/20/2012

JOSEPH M BRITO JR
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012