



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. 43866		2. Exact name of the Corporation BRITO ENTERPRISES INC			
3. Principal office address 101 TUPELO STREET			City BRISTOL	State RI	Zip 02809
4. Business Phone No. 401-253-9277			5. State of Incorporation 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) <input type="checkbox"/>					
President Name JOSEPH M BRITO			Vice-President Name JOSEPH M BRITO JR		
Street Address 4110 WEST PALM AIRE DRIVE-UNIT 104B			Street Address 161 POPPASQUASH RD		
City POMPANO BEACH	State FL	Zip 33069	City BRISTOL	State RI	Zip 02809
Secretary Name JOSEPH M BRITO			Treasurer Name JOSEPH M BRITO JR		
Street Address 4110 WEST PALM AIRE DRIVE-UNIT 104B			Street Address 161 POPPASQUASH RD		
City POMPANO BEACH	State FL	Zip 33069	City BRISTOL	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSEPH M BRITO			Director Name JOSEPH M BRITO JR		
Street Address 4110 WEST PALM AIRE DRIVE-UNIT 104B			Street Address 161 POPPASQUASH RD		
City POMPANO BEACH	State FL	Zip 33069	City BRISTOL	State RI	Zip 02809
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CLASS A COMM	0
			2.000	CLASS B COMM	0

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

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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