

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

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

iling Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

riing ree: \$50.00	· FAILURE I U FI	LE INIS REPORT BY W	ARCH 31 WILL RES	OULI IN A \$25.00 PENAI	LIT FEE.			
1. Entity ID No.		2. Exact name of the Corporation						
2893	C BRIT	C BRITO CONSTRUCTION COMPANY, 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					
		s conducted in Rhode Island		ER DISTRIBUTION LIN	NES			
	e in terminal de since de service	The state of the s						
President Name JOSEPH M BRITO	JR	and the second seco	Vice-President Name JOSEPH M BRITO JR					
Street Address 161 POPPASQUAS	H RD		Street Address 161 POPPASQUASH RD					
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809			
Secretary Name CHRISTOPHER BRITO			Treasurer Name JOSEPH M BRITO JR					
Street Address 161 POPPASQUASH RD			Street Address 161 POPPASQUASH RD					
City BRISTOL	State RI	Zip 02809	City State RI		Zip 02809			
8. LIST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)					
Director Name JOSEPH M BRITO J	IR		Director Name					
Street Address 161 POPPASQUASI	H RD		Street Address					
City BRISTOL	State RI	Zip 02809	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED	1 2		10. SHARES ISSUE	CYC BOX FOR ATTACHA				
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
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.			100	CLASS A COMM	1.00			
		10,000	CLASS B COMM	1.00				
This report must be execu		corporation by an authorize ist be executed on behalf of		corporation is in the hands of the control of the c	of a receiver or trustee,			

File Date		FILED	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.		
Check No		1111 4 ~ 000	Belmbutel	01/15/2014	
Ву:		JAN 17 20年	Signature of Authorized Representative	Date	
FOR SECRETARY OF STATE USE ONLY		و با با	JOSEPH M BRITO JR		
	8Y.	<u></u>	Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012