



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 2014

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 AND REAL ESTATE DEVELOPMENT					
7. Officers and Directors					
President Name JOSEPH M BRITO JR			Vice-President Name JOSEPH M BRITO JR		
Street Address 161 POPPASQUASH 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 BRISTOL	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSEPH M BRITO JR			Director Name		
Street Address 161 POPPASQUASH 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			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

JAN 17 2014

BY 1166202

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.

Joseph M Brito Jr
Signature of Authorized Representative

01/15/2014

Date

JOSEPH M BRITO JR

Print or Type Name of Authorized Representative