



**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 2016**

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.<br><b>136828</b>   |                    | 2. Exact name of the Corporation<br><b>BRITLEY, INC.</b> |                         |                     |
| 3. Principal office address<br><b>11 Post Road</b>  |                    | City<br><b>Westerly</b>                                  | State<br><b>RI</b>      | Zip<br><b>02891</b> |
| 4. Business Phone No.<br><b>(401) 377 4623</b>  |                    | 5. State of Incorporation<br><b>Rhode Island</b>         |                         |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Operating one or more 7-Eleven stores in accordance with a franchise agreement.</b> |                    |  |                         |                     |
| <b>LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>   |                    |  |                         |                     |
| President Name<br><b>Gregory M. LeClair</b>   |                    | Vice-President Name<br><b>Gregory M. LeClair</b>         |                         |                     |
| Street Address<br><b>80 Woody Hill Road</b>   |                    | Street Address<br><b>80 Woody Hill Road</b>              |                         |                     |
| City<br><b>Bradford</b>   | State<br><b>RI</b> | Zip<br><b>02808</b>                                      | City<br><b>Bradford</b> | State<br><b>RI</b>  |
| Secretary Name<br><b>Gregory M. LeClair</b>   |                    | Treasurer Name<br><b>Gregory M. LeClair</b>              |                         |                     |
| Street Address<br><b>80 Woody Hill Road</b>   |                    | Street Address<br><b>80 Woody Hill Road</b>              |                         |                     |
| City<br><b>Bradford</b>   | State<br><b>RI</b> | Zip<br><b>02808</b>                                      | City<br><b>Bradford</b> | State<br><b>RI</b>  |
| <b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |  |                         |                     |
| Director Name<br><b>Gregory M. LeClair</b>  |                    | Director Name  |                         |                     |
| Street Address<br><b>80 Woody Hill Road</b>   |                    | Street Address   |                         |                     |
| City<br><b>Bradford</b>   | State<br><b>RI</b> | Zip<br><b>02808</b>                                      | City                    | State               |
| Director Name   |                    | Director Name  |                         |                     |
| Street Address  |                    | Street Address   |                         |                     |
| City  | State              | Zip  | City                    | State               |
| <b>9. SHARES AUTHORIZED</b>   |                    |  |                         |                     |
| <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |                         |                     |
| 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.            |                    |  |                         |                     |
|   |                    |  |                         |                     |

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**  
**FEB 10 2016**

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

**Gregory M. LeClair, President**

Print or Type Name of Authorized Representative

**3/7/16**  
Date