



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. 136828		2. Exact name of the Corporation BRITLEY, INC.		
3. Principal office address 11 Post Road		City Westerly	State RI	Zip 02891
4. Business Phone No. (401) 377 4623		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Operating one or more 7-Eleven stores in accordance with a franchise agreement.				
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Gregory M. LeClair		Vice-President Name Gregory M. LeClair		
Street Address 80 Woody Hill Road		Street Address 80 Woody Hill Road		
City Bradford	State RI	Zip 02808	City Bradford	Zip 02808
Secretary Name Gregory M. LeClair		Treasurer Name Gregory M. LeClair		
Street Address 80 Woody Hill Road		Street Address 80 Woody Hill Road		
City Bradford	State RI	Zip 02808	City Bradford	Zip 02808
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Gregory M. LeClair		Director Name		
Street Address 80 Woody Hill Road		Street Address		
City Bradford	State RI	Zip 02808	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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
		500	Common	None

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

2/7/16
 Date

17-276787131