HOPE	State of Rhode Island and Provid Department of State - E			
	i Report for the year: _	216		
Limite	d Liability Company			
→ Filir	ng period: September 1 - Nove	mber 1		

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

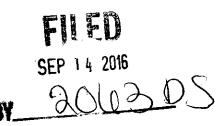
1. Entity ID Number 507394	2. Exact name of the Limited Liability Company BRITO ASSOCIATES, LLC							
3. NAICS Code 53 - Real Estate and Rental a ▼ 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL ESTATE							
6. Principal Office Address 99 TUPELO STREET	City BRISTOL		State RI	Zip 02809				
7. Mailing Address of Limited Lia		and Name or Title	of Contact Person	· ·				
Contact Name EDWARD J COX II	Contact Title CONTROLLER							
Street Address 99 TUPELO STRE	City BRISTOL		State RI	^{Zip} 02809				
8. List ALL managers (names an	d addresses) of	the Limited Liabil	ity Company, IF APPLIC	CABLE - DC	NOT LIST ME	MBERS		
Manager Name	Manager Name							
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Manager Name	•	Manager Name						
Street Address	Street Address							
City	State	Zip	City	"	State	Zip		
· · · · · · · · · · · · · · · · · · ·			<u>, , , , , , , , , , , , , , , , , , , </u>	Chec	k the box to indic	cate an attachment		
9. Resident Agent in Rhode Islan	d. This information	is currently of reco	ord with the Department of	State. Chang	jes require filing F	orm 642.		
Under penalty of perjury, I deci statements, and that all statem	are and affirm (ents contained	that I have exam herein are true a	ined this report, includent and correct.	ding any ad	companying s	chedules and		
Name of Authorized Person								
EDWARD J COX II		09/09/16						
Signature of Authorized Person	a.	SIGN DOC	CUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 632 - Revised: 08/2016