



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 136828		2. Exact name of the Corporation BRITLEY, INC.	
3. Principal Office Address 11 Post Road		City Westerly	State RI
		Zip 02891	
4. NAICS Code 55 - Management of Companies	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		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input 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 Westerly	State RI	Zip 02891	City Westerly
			State RI
			Zip 02891
Secretary Name Gregory M. LeClair		Treasurer Name Gregory M. LeClair	
Street Address 80 Woody Hill Road		Street Address 80 Woody Hill Road	
City Westerly	State RI	Zip 02891	City Westerly
			State RI
			Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Gregory M. LeClair		Director Name	
Street Address 80 Woody Hill Road		Street Address	
City Westerly	State RI	Zip 02891	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		500	Common
			None
11. 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. 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.			
Name of Authorized Representative Gregory M. LeClair, President			
Signature of Authorized Representative <i>Gregory M. LeClair</i> Date 2/15/17			
SIGN DOCUMENT HERE <i>[Signature]</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov