



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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIES Common	PAR VALUE 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, in whole, 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 02/15/17					
SIGN DOCUMENT HERE <i>[Signature]</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov