



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2018**  
**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 <b>43866</b>		2. Exact name of the Corporation <b>BRITO ENTERPRISES INC</b>				
3. Principal Office Address <b>99 TUPELO STREET</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	
4. NAICS Code <b>53110</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTING AND REAL ESTATE DEVELOPMENT</b>				
5. State of Incorporation <b>RHODE ISLAND</b>						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name <b>JOSEPH M BRITO JR</b>			Vice-President Name <b>JOSEPH M BRITO JR.</b>			
Street Address <b>161 POPPASQUASH RD</b>			Street Address <b>161 POPPASQUASH RD</b>			
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	
Secretary Name <b>CHRISTOPHER BRITO</b>			Treasurer Name <b>JOSEPH M BRITO JR</b>			
Street Address <b>161 POPPASQUASH RD</b>			Street Address <b>161 POPPASQUASH RD</b>			
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name <b>JOSEPH M BRITO JR</b>			Director Name			
Street Address <b>161 POPPASQUASH RD</b>			Street Address			
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized						
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		<b>100</b>	<b>CLASS A COMMON</b>	<b>0</b>		
<b>2,000</b>	<b>CLASS B COMMON</b>	<b>0</b>				
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. <i>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.</i>						
Name of Authorized Representative <b>JOSEPH M BRITO JR</b>				Date <b>2/26/18</b>		
Signature of Authorized Representative <div style="display: flex; justify-content: space-between; align-items: center;"> <span>SIGN DOCUMENT HERE</span> <div style="text-align: center;"> <b>FILED</b>  </div> </div>						

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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