

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

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

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Ferialty: Additional \$25.00 is Entity ID Number			· · · · · · · · · · · · · · · · · · ·					
2893	2. Exact name of the Corporation C. BRITO CONSTRUCTION COMPANY, INC							
3. Principal Office Address			City		State	Zip		
101 TUPELO STREET			BRISTOL	<u></u>	RI	02809		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
212321	UNDERGROUND UTILITY CONSTRUCTION							
5. State of Incorporation	1							
RHODE ISLAND								
7. List ALL officers (names and add	resses)			Check to	he box to i	ndicate an attachment		
President Name JOSEPH M BRITO	Vice-President Name CHRISTOPHER BRITO							
Street Address 161 POPPASQUASH RD			Street Address 99 TUPELO STREET					
^{City} BRISTOL	State RI	Zip 02809	City BRISTOL		State RI	^{Zip} 02809		
Secretary Name CHRISTOPHER BRITO			Treasurer Name JOSEPH M BRITO JR					
Street Address 99 TUPELO STREET			Street Address 161 POPPASQUASH RD					
City BRISTOL	State RI	^{Zip} 02809	City BRISTOL		State RI	^{Zip} 02809		
8. List ALL directors (names and a	ddresses)			Check t	he box to	indicate an attachment 🔲		
Director Name JOSEPH M BRITO	Director Name							
Street Address 161 POPPASQUASH RD			Street Address					
City BRISTOL	State RI	Zıp 02809	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	sued Check the box t		he box to	indicate an attachment		
This information is currently of record in the		NUMBER O		CLASS/SERIES PAR VALUE				
Department of State. Changes require an additional filing.		100		CLASS A COMMON		1.00		
		10,000		CLASS B COM	CLASS B COMMON 1.0			
11. This report must be executed of trustee, this report must be executed.					ation is in	the hands of a receiver or		
Under penalty of perjury, I decia statements, and that all stateme	re and affirm (that I have examin	ed this report, ii		panying s	schedules and		
Name of Authorized Representative Date								
JOSEPH M BRITO JR						01/23/19		
Signature of Authorized Represent	ative	SIGN DO	CUMENT HERE	FILED 4	ດ /			
MAIL TO:	/	Z		1441 2 9 2010	<i>''</i>			

Division of Business Services

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

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

FORM 630 - Revised: 10/2017