



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

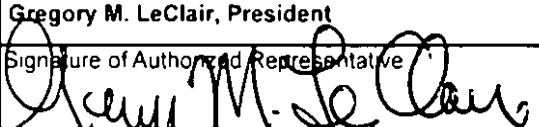
FILED

Annual Report for the year: 2019
Corporation

MAR 27 2019

BY 17-831

- 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 000136828		2 Exact name of the Corporation BRITLEY, INC.			
3 Principal Office Address 11 Post Road			City Westerly	State RI	Zip 02891
4 NAICS Code 447110		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 Rhode Island					
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 Bradford	State RI	Zip 02808	City Bradford	State RI	Zip 02808
Secretary Name Gregory M. LeClair			Treasurer Name Gregory M. LeClair		
Street Address 80 Woody Hill Road			Street Address 80 Woody Hill Road		
City Bradford	State RI	Zip 02808	City Bradford	State RI	Zip 02808
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 Bradford	State RI	Zip 02808	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/SR LS		
			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. <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 Gregory M. LeClair, President				Date 3/23/19	
Signature of Authorized Representative 				SIGN DOCUMENT 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