



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

JUN 02 2021

16899

1. Entity ID Number 43866		2. Exact name of the Corporation BRITO ENTERPRISES INC.			
3. Principal Office Address 99 TUPELO STREET			City BRISTOL	State RI	Zip 02809
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING AND REAL ESTATE DEVELOPMENT			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JOSEPH M BRITO JR			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 addresses) Check the box to indicate an attachment ☐					
Director Name JOSEPH M BRITO JR			Director Name		
Street Address 161 POPPASQUASH RD			Street Address		
City BRISTOL	State RI	Zip 02809	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	CLASS A COMMON	0
			2,000	CLASS B COMMON	0
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 JOSEPH M BRITO JR				Date 05/28/2021	
Signature of Authorized Representative <i>Joseph M. Brito, Jr.</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

FORM 630 - Revised: 08/2020