State of Rhode Island

Department of State - Business Services Division

FILED
JUN 02 2021
BY 43239

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.

1. Entity ID Number	2. Exact name of the Corporation
53671	C B UTILITY COMPANY, INC.

3. Principal Office Address	City	State	Zip
99 TUPELO STREET	BRISTOL	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238220	INSTALLATION OF SEWER, GAS AND WATER DISTRIBUTION LINES
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JOSEPH M BRITO JR	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	Director Name
JOSEPH M BRITO JR	
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	.10
9,900	CLASS B COMMON	.10

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	Date
JOSEPH M BRITO JR	05/28/2021

Signature of Authorized Representative: Joseph M. Brito, Jr

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