



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED STAMP  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR  
SECRETARY OF STATE  
USE ONLY

2023 APR 26 A 10:06

1. Entity ID Number 000068489		2. Exact name of the Corporation Brittany Motors, Ltd.			
3. Principal Office Address 159 GREENVILLE AVENUE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 423110	6. Brief description of the character of business conducted in Rhode Island ENGAGE IN THE PURCHASE, REPAIR AND SALE OF MOTOR VEHICLES, NEW OR USED, ALSO AUTO PARTS AND EQUIPMENT.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name THOMAS F. CALABRO			Vice-President Name ELIESHA C. CALABRO		
Street Address 5 JANET DRIVE			Street Address 5 JANET DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ELIESHA C. CALABRO			Treasurer Name THOMAS F. CALABRO		
Street Address 5 JANET DRIVE			Street Address 5 JANET DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200	COMMON	NO PAR VALUE	
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 THOMAS F. CALABRO				Date 3/20/23	
Signature of Authorized Representative 				APR 26 2023 BY 87556	

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: 2/2023