



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

 REC'D RI SOS BSD
 24 APR 8 AM 9:36:50
 ST

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) Check the box to indicate an attachment <input type="checkbox"/>														
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) Check the box to indicate an attachment <input type="checkbox"/>														
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 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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS-SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS-SERIES	PAR VALUE	200	COMMON	NO PAR VALUE			
		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 2/24/24										
Signature of Authorized Representative				FILED										

 MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

 APR 08 2024
 BY NWJHW K9

FORM 630 - Revised: 2/2023