



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FIELD **STAMP**
 JAN 27 2025
 BY 17051 *OR*

1. Entity ID Number 000043866		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 <input type="checkbox"/>					
President Name Joseph M. Brito, Jr.			Vice-President Name Christopher Brito		
Street Address 161 Poppasquash Road			Street Address 37 Cooke 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 37 Cooke Street			Street Address 161 Poppasquash Road		
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 <input type="checkbox"/>					
Director Name Joseph M. Brito, Jr.			Director Name		
Street Address 161 Poppasquash Road			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 <input type="checkbox"/>		
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. Comm	0
			2,000	Class B. Comm	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 1/22/2025
Signature of Authorized Representative 					

MAIL TO:

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