RI SOS Filing Number: 202444508540 Date: 1/23/2024 4:00:00 PM



## State of Rhode Island Department of State - Business Services Division

FILED

JAN 23 2024 1F

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2024

| 1. Entity ID Number                                     | 2. Exact name of the Limited Liability Company   |   |                      |                      |
|---|--|---|----------------------|----------------------|
| 000507394   | BRITO ASSOCIATES, LLC  |   |                      |                      |
| 3. NAICS Code<br>531120                                 | Brief description of the character of business conducted in Rhode Island     OWNERSHIP AND MANAGEMENT OF INVESTMENT REAL STATE |   |                      |                      |
| 5. State of Formation RHODE ISLAND                      |  |   |                      |                      |
| 6. Principal Office Address                             |  | City  | State                | Zip                  |
| 99 TUPELO STREET  | Ī  | BRISTOL   | RI                   | 02809                |
| 7. Mailing Address of Limited                           | d Liability Company and Name   | or Title of Contact Person                          |                      |                      |
| Contact Name<br>EDWARD J COX II                         |  | CFO CFO   |                      |                      |
| Street Address 99 TUPELO STREET                         |  | City BRISTOL  | State RI             | <sup>Zip</sup> 02809 |
| 8. The Resident Agent inform                            | mation currently of record with t  | he RI Department of State is accu                   | rate. Changes requir | e filing Form 642.   |
| 9. Under penalty of perjury statements, and that all st | y, I declare and affirm that I ha<br>atements contained herein ar  | ave examined this report, include true and correct. | fing any accompany   | ring schedules and   |
| Name of Authorized Person                               | · -  |   | Date                 |                      |
| EDWARD J COX II   |  |   | 01/17/2024           |                      |
| Signature of Authorized Pen                             | $\bigcirc$   |   |                      |                      |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov