



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2051
(401) 222-3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(5)), is subject to a penalty fee of \$25.00

1. Corporate ID No. 2953	2. Name of Corporation I. BROOMFIELD & SON, INC.
3. Street Address Principal Business Office 14 LEHIGH STREET	
City PROVIDENCE	State RI
Zip 02905	
4. Business Phone No. 401-941-7361	5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
SALVAGE, SALE, PURCHASE, REFINING, MELTING, SMELTING AND NON-FERROUS METALS

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DAVID BROOMFIELD			Vice President Name THOMAS PATTE		
Street Address 14 LEHIGH STREET			Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Secretary Name ADRIENNE MATZNER			Treasurer Name TAMMY ALICE BROOMFIELD ANDERSON		
Street Address 14 LEHIGH STREET			Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DAVID BROOMFIELD			Director Name		
Street Address 14 LEHIGH STREET			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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.

File Date **FILED**
Check No. **FEB 08 2011**
By: **50490**
FOR SECRETARY OF STATE USE ONLY

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.

Signature **DAVID BROOMFIELD**
Print or Type Name

Title **PRESIDENT**

Date **02-07-11**