



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 43877		2. Exact name of the Corporation International Sourcing & Marketing, Ltd.		
3. Principal office address 940 Waterman Avenue		City East Providence	State RI	Zip 02914
4. Business Phone No. 401-435-7900		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island The import, marketing, sourcing and sale of manufactured goods.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Gregory L. Lucini		Vice-President Name		
Street Address 940 Waterman Avenue		Street Address		
City East Providence	State RI	Zip 02914	City	State Zip
Secretary Name Gregory L. Lucini		Treasurer Name Gregory L. Lucini		
Street Address 940 Waterman Avenue		Street Address 940 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Kenneth R. Palumbo		Director Name Gregory L. Lucini		
Street Address 940 Waterman Avenue		Street Address 940 Waterman Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI Zip 02914
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		200	Common	No Par Value

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 _____

JAN 30 2013

By: _____

2235

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.

Gregory Lucini
 Signature of Authorized Representative

1/29/13
 Date

FOR SECRETARY OF STATE USE ONLY

Gregory L. Lucini
 Print or Type Name of Authorized Representative