



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 **2015**

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. 2953		2. Exact name of the Corporation I. BROOMFIELD & SON. INC.			
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID BROOMFIELD			Vice-President Name DAVID BROOMFIELD		
Street Address 14 LEHIGH STREET			Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Secretary Name TAMMY A. ANDERSON			Treasurer Name CHRISTINE B. HANCOCK		
Street Address 14 LEHIGH STREET			Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			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
			100	COMMON	NO PAR

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 CORPORATIONS DIV
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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 _____
 Check No _____
 By: _____

FILED
JAN 26 2015

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 of Authorized Representative *David Broomfield* Date *1/19/15*
DAVID BROOMFIELD, PRESIDENT
 Print or Type Name of Authorized Representative

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