



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 **2016**

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. 2976		2. Exact name of the Corporation Brown, Lisle/Cummings, Inc.			
3. Principal office address One Turks Head Place - Suite 800			City Providence	State RI	Zip 02903
4. Business Phone No. (401) 421-8900		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Securities Broker/Dealer and Investment Advisor					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name David A. Izzi			Vice-President Name Scott S. Lisle		
Street Address 8 Teft Court			Street Address 8 Briarfield Road		
City Hope Valley	State RI	Zip 02832	City Barrington	State RI	Zip 02806
Secretary Name David A. Izzi			Treasurer Name David A. Izzi		
Street Address 8 Teft Court			Street Address 8 Teft Court		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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
			200	COM	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 _____

Check No _____

By: _____

FILED

JAN 06 2016

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.

David A. Izzi **01/04/2016**
 Signature of Authorized Representative Date

David A. Izzi
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

BY KL 15001

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--ATTACHMENT--

Entity ID No. 2976

Brown, Lisle/Cummings, Inc.

Additional Officers

- 1. John A. Marginson – Vice President
26 Bromley Court
North Kingstown, RI 02852**

- 2. Joseph H. McGinn, Jr. – Vice President
15 Lakeview Road
Lincoln, RI 02865**

- 3. Louis G. Murphy, Jr. – Vice President
136 Carroll Avenue
Newport, RI 02840**