



**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

2016

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. 162591		2. Exact name of the Corporation COMMODITIES INVESTMENT GROUP #2, INC.					
3. Principal office address 475 COUNTRY VIEW DRIVE				City WARWICK	State R.I.	Zip 02886	
4. Business Phone No. 821-3434				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island COMMODITIES SPECULATION / HEDGING							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name FRANK R. DICICCO SR				Vice-President Name			
Street Address 475 COUNTRY VIEW DR.				Street Address			
City WARWICK	State RI	Zip 02886		City	State	Zip	
Secretary Name				Treasurer Name N/A			
Street Address N/A				Street Address			
City	State	Zip		City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name N/A				Director Name N/A			
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	
				SAME	SAME	- 0 -	

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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 21 2016

WV HCL 114

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: FRANK R. DICICCO SR. Date: 16 JAN 2016

Print or Type Name of Authorized Representative: FRANK R. DICICCO, SR