



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. 2927		2. Exact name of the Corporation Brokers Unlimited, Inc.					
3. Principal office address 40 Conduit Street				City Central Falls		State RI	Zip 02865
4. Business Phone No. 4012741930				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island BUY, SELL, FABRICATE, DEAL AND TRADE SURPLUS MATERIALS AND GOODS							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Theodore F. Loebenberg				Vice-President Name Theodore F. Loebenberg			
Street Address Box 2535				Street Address Box 2535			
City Providence		State RI	Zip 02906	City Providence		State RI	Zip 02906
Secretary Name Theodore F. Loebenberg				Treasurer Name Theodore F. Loebenberg			
Street Address Box 2535				Street Address Box 2535			
City Providence		State RI	Zip 02906	City Providence		State RI	Zip 02906
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				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	

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.

FILED

File Date **FEB 12 2016**

Check No **OR 7113**

By **[Signature]**

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]
 Signature of Authorized Representative

2/5/2016
 Date

Theodore F. Loebenberg
 Print or Type Name of Authorized Representative