



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF
CORPORATIONS
2016 MAY 11 AM 11:49

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY PER DAY

1. Entity ID Number		2. Exact name of the Corporation			
122400		Contract Management International Corp.			
3. Principal Office Address		City	State	Zip	
554 Jepson LN.		Middletown	R.I.	02842	
4. Business Phone Number		5. State of Incorporation			
401-855-2313		R.I.			
6. Brief description of the character of business conducted in Rhode Island					
Consulting Management					
7. List ALL officers (names and addresses)				Check the box to indicate an attachment ☐	
President Name		Vice-President Name			
Seth Redlich					
Street Address		Street Address			
554 Jepson LN					
City	State	Zip	City	State	Zip
Middletown	R.I.	02842			
Secretary Name		Treasurer Name			
Leonard Katzman					
Street Address		Street Address			
162 Springhill RD					
City	State	Zip	City	State	Zip
Portsmouth	R.I.	02871			
8. List ALL directors (names and addresses)				Check the box to indicate an attachment ☐	
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		10	Common	1.00	
11. 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.					
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.					
Name of Authorized Representative				Date	
Seth Redlich				5/10/16	
Signature of Authorized Representative					
SIGN DOCUMENT HERE					

FILED

MAY 11 2016

11:49

By 12274036