

## 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

SECRETARY OF STA

Profit Corporation Annual Report for the year: 2010
Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTYPEE.						
1. Entity ID Number	2. Exact name	of the Corporation	MARCH 31 WILL H	(ESULT I	N A \$25.00 P	'ENALTOFEE.
	1	1 00		ONE CONTRACTOR	FALSE STATES	
122400 Contract Management International Corp. 3. Principal Office Address						
5. Principal Office Address	DESCREATE OF A SOURCE		<b>Leity</b>		State	Zip
554 Jepson	0 /.N-		middleto	V 22	RI	1035117
4. Business Phone Number			5. State of Incorpo	ration		02842
461-855-2	R.I.					
6. Brief description of the cha	do leland	a Green John Start	Selection Charge singularity	western with a state of the sta		
	•	1	do iola la magazina	<u> Colorado Baltina</u>		
Cunsulting 7 List ALL officers (names ai	<u>Managem</u>	.enT	· · · · · · · · · · · · · · · · · · ·			
President Name	C C	Check the box to indicate an attachment				
Seth Rea	Vice-President Name	Vice-President Name				
Street Address	Street Address	Ctroot Address				
554 Jepson	Street Address	oneet Address				
City	State	Zip	City		State	Zip
middletown	RI.	02842			Otate	Zip
Secretary Name			Treasurer Name		<u> </u>	
Leonard Kat						
Street Address	Street Address					
162 Springhill RD						
2) of 10	State Z	Zip	City		State	Zip
- rortsmouth		02871	C (4 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
8. List ALL directors (names a Director Name	Check the box to indicate an attachment					
27 Octor Marine			Director Name			
Street Address	Street Address					
			oncer Address			
City	State	Zip	City		State Zip	
					O.a.c	210
9. Shares Authorized			10. Shares Issued	Check by	ox to indicate	an attachment
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SE	-	PAR VALUE
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			10	common		1.00
11. This report must be execut	led on behalf of t	he corporation by ar	authorized represent	ative If the	corporation i	A 18 11 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
unuel penalty of perjury, no	eciare and amiri	m tnat i nave exami	ned this report incli	iding any	accompanyi	ng schedules and
Name of Authorized Representative						
O 11 O 115			Date			
26th Keglic		5/10/16				
Signature of Authorized Representative						
#2		SIGN DOCU	WENTHERE			
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Form No. 630 Revised: 2016