



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

148 W. River Street, Providence, Rhode Island 02904-2615
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Profit Corporation Annual Report for the year: 2009

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 FEE

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

FILED

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By 274036