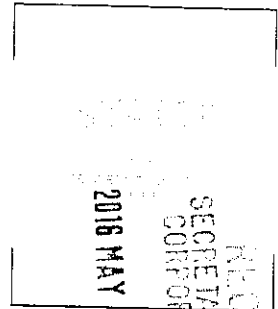




State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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



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 Inc.</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>R.I.</u>		Zip <u>02842</u>			
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>			

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			

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	CLASS/SERIES	PAR VALUE		
	<u>10</u>	<u>Common</u>	<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.

*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 <u>Seth Redlich</u>	Date <u>5/10/16</u>
--	------------------------

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

MAY 11 2016

11:42

By 274036