



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

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1044204		2. Exact name of the Corporation CORNERSTONE COMMERCIAL CAPITAL			
3. Principal Office Address 125 CARLTON AVE			City WARWICK	State R.I.	Zip 02889
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island LOAN BROKER.			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM A WALLACE III			Vice-President Name		
Street Address 125 CARLTON AVE			Street Address		
City WARWICK	State R.I.	Zip 02889	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 0	CLASS/SERIES	PAR VALUE 0	
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 WILLIAM A WALLACE III					Date 11/20/17
Signature of Authorized Representative 					

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY **C 20488418-**

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