



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 05 2018

BY

21493

1. Entity ID Number 000032121		2. Exact name of the Corporation COMMISSION BROKERS INC.			
3. Principal Office Address 159 EAST HILL DRIVE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 423830		6. Brief description of the character of business conducted in Rhode Island BROKERING, RESELLING, LIQUIDATING, BUYING AND APPRAISING ALL TYPES OF USED AND SECOND HAND WIRE AND CABLE, PLASTIC, RUBBER, BRAIDING, AND WIRE PROCESSING MACHINERY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name MARTIN KENNER			Vice-President Name		
Street Address 159 East Hill Dr., Cranston, RI 02920			Street Address		
City	State	Zip	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 ☐
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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			NONE		
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 MARTIN KENNER				Date 2 JANUARY 2018	
Signature of Authorized Representative Martin Kenner					

MAIL TO:

Division of Business Services

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