



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.

1. Entity ID Number 2927		2. Exact name of the Corporation Brokers Unlimited, Inc.			
3. Principal Office Address 40 Conduit Street		City Central Falls		State RI	Zip 02865
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island BUY, SELL, FABRICATE, DEAL AND TRADE SURPLUS MATERIALS AND GOODS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Theodore F. Loebenberg		Vice-President Name Theodore F. Loebenberg			
Street Address Box 2535		Street Address Box 2535			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Theodore F. Loebenberg		Treasurer Name Theodore F. Loebenberg			
Street Address Box 2535		Street Address Box 2535			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		100	Common	No Par	
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 Theodore F. Loebenberg				Date July 8, 2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED**FEB 27 2018**

BY

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FORM 630 - Revised: 10/2016