



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FOR
RECORDING PURPOSES
USE ONLY

1. Entity ID Number 2953		2. Exact name of the Corporation I. BROOMFIELD & SON, INC.			
3. Principal Office Address 14 LEHIGH STREET			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island SALVAGE, SALE PURCHASE, REFINING, MELTING, SMELTING AND NON-FERROUS METALS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DAVID BROOMFIELD			Vice-President Name DAVID BROOMFIELD		
Street Address 14 LEHIGH STREET			Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Secretary Name TAMMY A. ANDERSON			Treasurer Name CHRISTINE B. HANCOCK		
Street Address 14 LEHIGH STREET			Street Address 14 LEHIGH STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DAVID BROOMFIELD			Director Name		
Street Address SAME AS ABOVE			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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 DAVID BROOMFIELD, PRESIDENT					Date 03-14-18
Signature of Authorized Representative <i>David Broomfield</i> 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

MAR 22 2018

BY 54378 DS

FORM 630 - Revised: 10/2017