



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.

STAMP

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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 | | | | | |
| 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 | | 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