RI SOS Filing Number: 201877910160 Date: 9/20/2018 4:00:00 PM

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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	2. Exact name of the Corporation							
000162591	COMMODITIES INVESTMENT GROUP #Z, INC.							
Principal Office Address	Principal Office Address			City State Zip				
475 COUNTRY VIEN DRING			WARW	ICK	K1	02886		
4. NAICS Code				nducted in Rhode Is				
\$12990	+ TOAN	NC PRECIN	S METAL	CONTRACTS	3			
5. State of Incorporation	<b>1</b> '''''''	NG 1110-100	,					
R.I.	1							
7. List ALL officers (names and ac	dresses)			Check t	he box to inc	licate an attachment		
President Name			Vice-President Name					
DI CICCO, FRAN	Street Address							
475 COUNTRY	VIEW DRI	E						
City WARWICK	State	O Z886	City		State	Zip		
Secretary Name	1 00 -	102000	Treasurer Name	<del> ·</del>	_l			
•								
Street Address			Street Address					
City	State	Zip	City		State	Zip		
					<u> </u>			
<ol> <li>List ALL directors (names and a Director Name</li> </ol>	addresses)		Director Name	Check t	he box to inc	licate an attachment 🔲		
DICICCO, FRANK R.			IDII ECTOL IABILIB					
Street Address		•	Street Address	-				
475 COUNTRY VI			<del>-   </del>		lour.	I		
WARWICK	State R I	02886	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu	l Jed	Check t	<u>.I</u> he box to ind	l licate an attachment □		
This information is currently of record in the					S/SERIES PAR VALUE			
Department of State.		300		commo		NPV		
Changes require an additional filing	<b>J.</b>							
11. This report must be executed	on behalf of the c	corporation by an a	uthorized represe	ntative. If the corpor	ation is in the	e hands of a receiver or		
trustee, this report must be execu-	ted on behalf of t	he corporation by t	he receiver or trus	stee.				
Under penalty of perjury, I decide statements, and that all statements.				cluding any accom	panying sch	edules and		
Name of Authorized Representative						Date		
FRANK R.DIC		18 SEPT 2018						
Signature of Authorized Represen			Fi	LED	<u> </u>			
mullan.		3 #1 <b>5</b> 50		- <del>-</del>				
	<u> :-                                 </u>		SEP :	8 0 2018				
MAILITO: Division-of-Business Services			_	10.000	O			

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov