RI SOS Filing Number: 201983566880 Date: 1/2/2019 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:	2019
Corporation	

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

	Yo r						
Entity ID Number	2. Exact name	of the Corporation					
000032121	COMMISSION BROKERS INC.						
3. Principal Office Address	•		City	ii. i	State	Zip	
159 EAST HILL DRIVE		CRANST	NOT	RI	02920		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
423830	Brokering, Reselling, Liquidating, Buying and Appraising all types of						
5. State of Incorporation	used and second hand wire and cable, plastic, rubber, braiding and wire processing machinery						
RI	processing	g machinery					
7. List ALL officers (names and add	resses)			Check th	e box to indica	ete an attachment 🔲	
President Name Martin Kenner			Vice-President Name				
Street Address			Street Address				
159 East Hill Dr			10::	· · · · · · · · · · · · · · · · · · ·	Io.		
City	State	Zip	City		State	Zip	
Secretary Name	l	Treasurer Name					
Martin Kenner							
	treet Address		Street Address				
159 East Hill D	r., Cranston 		Cibi		State	Zip	
City	State	Zip	City		SMIB	Zip	
8. List ALL directors (names and a	ddresses)			Check th	ne box to indica	ate an attachment	
Director Name			Director Name				
Street Address			Street Address				
<u></u> .	T =	T=:			I.a.	T=-	
City	State	Zip	City		State	Zip	
Director Name	Director Name	Director Name					
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	J 	10. Shares Issue	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of reco	rd in the	NUMBER OF S	HARES	CLASS/SERIES		PAR VALUE	
Department of State. Changes require an additional filing.		NONE					
							
11. This report must be executed of	n hehalf of the co	Introcration by an au	thorized represer	ntative If the corpora	ation is in the h	ands of a receiver or	
trustee, this report must be execute							
Under penalty of perjury, i decla	re and affirm the	at i have examined	l this report, inc		anying sched	fules and	
statements, and that all stateme Name of Authorized Representativ		erein are true and	COFFECT.	<u> </u>	TDate		
Martin Kenner					2 January 2019		
Signature of Authorized Represent	ative	•		FILED	1		
Martin (eunel.	SIGN DOC	UMENT HERE	IILED			
/	•			IAN A 9 20 0	. —		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 21653

FORM 630 - Revised: 10/2017