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.

1. Entity ID Number	2. Exact name of the Corporation
000032121	COMMISSION BROKERS INC.

3. Principal Office Address	City	State	Zip
159 EAST HILL DRIVE	CRANSTON	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423830	Brokering, Reselling, Liquidating, Buying and Appraising all types of used and second hand wire and cable, plastic, rubber, braiding and wire processing machinery
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Martin Kenner	
Street Address: 159 East Hill Dr., Cranston, RI 02920	Street Address
City / State / Zip	City / State / Zip
Secretary Name: Martin Kenner	Treasurer Name
Street Address: 159 East Hill Dr., Cranston, RI 02920	Street Address
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NONE		

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	Date
Martin Kenner	2 January 2019

Signature of Authorized Representative: Martin Kenner. SIGN DOCUMENT HERE

FILED

JAN 02 2019

BY 21653 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017