RI SOS Filing Number: 201985343290 Date: 1/28/2019 3:08:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

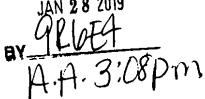
- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

Entity ID Number		2. Exact name of the Corporation					
100688774	Cumar Inc	Cumar Inc					
. Principal Office Address			City		State	Zip	
69 Norman Street			Everett		MA	02149	
NAICS Code	6. Brief descri	ption of the charac	ter of business	conducted in Rhod	le Island		
238390	Fabrication	Fabrication and installation of stone marble and granite					
State of Incorporation							
MA						<u> </u>	
List ALL officers (names a	Check the box to indicate an attachment						
resident Name Angelo I. Cu	Vice-President Name						
treet Address 5 Heather Lai	Street Address						
ity Stoneham	State MA	Zip 02180	City		State	Zıp	
ecretary Name			Treasurer Name				
Street Address			Street Address 20				
irty	State	Zip	City		State	, Zip , 2020	
		- iP	J,			E PER	
List ALL directors (names	and addresses)		In		eck the box to i	ndicate an attachment	
irector Name	Director Name on ACT						
Street Address			Street Address				
City	State	Zip	City		State		
						ATE	
Pirector Name	Director Name						
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
). Shares Authorized		10. Shares Is	sued		Check the box to indicate an attachment		
This information is currently of record in the		NUMBER OF SHARES			CLASS/SERIFS PAR VALUE		
Department of State. Changes require an additional filing.		184		CNP		\$0.00	
						<u> </u>	
11. This report must be exe	cuted on hehalf of the	corporation by an	authorized repre	1 esentative If the o	orporation is in	the hands of a receiver	
rustee, this report must be	executed on behalf of	the corporation by	the receiver or	trustee.			
Inder penalty of perjury,	l declare and affirm t	hat i have examii	ned this report,	including any ac	companying s	chedules and	
statements, and that all si	nd correct.	 	Date	<u> </u>			
Name of Authorized Repres	01/09/2019			019			
Angeloli. Gub/					01/09/2	<u></u>	
Signature of Authorized Re	presentative		FILED				

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