

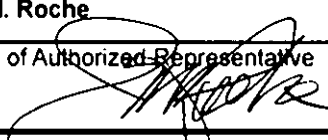


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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 001679997		2. Exact name of the Corporation Commercial Resources, Inc.			
3. Principal Office Address 875 Centreville Road, Building 2, Suite 6		City Warwick		State RI	Zip 02886
4. NAICS Code 523930		6. Brief description of the character of business conducted in Rhode Island Investment Consulting			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name James M. Roche			Vice-President Name		
Street Address 21 Valley Brook Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name James M. Roche			Treasurer Name James M. Roche		
Street Address 21 Valley Brook Drive			Street Address 21 Valley Brook Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name James M. Roche			Director Name		
Street Address 21 Valley Brook Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 500	CLASS/SERIES A	PAR VALUE \$1.00	
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 James M. Roche				Date 1-18-2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FEB 25 2019	

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

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