



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Corporation

2019 JUL -5 PM 12:23

- 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 1667951		2. Exact name of the Corporation Brokerbe INC.			
3. Principal Office Address 10 SPICER ST			City PROVIDENCE	State R.I	Zip 02905
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE PRIVATE CAPITAL BROKERAGE.			
5. State of Incorporation R.I					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AMAURYS J. VALDERA			Vice-President Name		
Street Address 10 SPICER ST			Street Address		
City PROVIDENCE	State R.I	Zip 02905	City	State	Zip
Secretary Name N/A			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		0			.01
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 [Signature]					Date 07/05/19
Signature of Authorized Representative AMAURYS J. VALDERA					FILED