



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

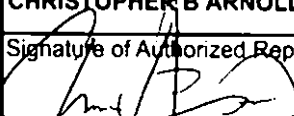
FILED

Annual Report for the year: 2020
Corporation

DEC 23 2019

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12:53*

- 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 001663699		2. Exact name of the Corporation CMI Distributors, Inc			
3. Principal Office Address 3 CARNEGIE WAY			City ATTLEBORO	State MA	Zip 02703
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island NEWSPAPER DISTRIBUTION, RESIDENTIAL AND COMMERCIAL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRISTOPHER B ARNOLD			Vice-President Name CHRISTOPHER B ARNOLD		
Street Address 3 CARNEGIE WAY			Street Address 3 CARNEGIE WAY		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
Secretary Name CHRISTOPHER B ARNOLD			Treasurer Name CHRISTOPHER B ARNOLD		
Street Address 3 CARNEGIE WAY			Street Address 3 CARNEGIE WAY		
City ATTLEBORO	State MA	Zip 02703	City ATTLEBORO	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHRISTOPHER B ARNOLD			Director Name		
Street Address 3 CARNEGIE WAY			Street Address		
City ATTLEBORO	State MA	Zip 02703	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		PAR VALUE
			0		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 CHRISTOPHER B ARNOLD				Date 12/19/19	
Signature of Authorized Representative 				RECEIVED RI DEPT. OF STATE BUS. SVCS. DIV. 2019 DEC 23 PM 12:51	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov