



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

**FILED**

Annual Report for the year: **2020**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 03 2020

BY

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*[Signature]*

|  |  |   |                               |                                  |
|--|--|---|-------------------------------|----------------------------------|
| 1. Entity ID Number<br><b>00158453</b>   |  | 2. Exact name of the Corporation<br><b>CSM SALES &amp; MARKETING, INC.</b>  |                               |                                  |
| 3. Principal Office Address<br><b>11 Foote Street</b>  |  | City<br><b>Barrington</b>   | State<br><b>RI</b>            | Zip<br><b>02806</b>              |
| 4. NAICS Code<br><b>722310</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>food brokering</b> |   |                               |                                  |
| 5. State of Incorporation<br><b>Rhode Island</b>   |  |   |                               |                                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |                               |                                  |
| President Name<br><b>Dennis M. Coffey</b>  |  | Vice-President Name<br><b>Dennis M. Coffey</b>  |                               |                                  |
| Street Address<br><b>11 Foote Street</b>   |  | Street Address<br><b>see president</b>  |                               |                                  |
| City<br><b>Barrington</b>  | State<br><b>RI</b>   | Zip<br><b>02806</b>   | City                          | State                            |
| Secretary Name<br><b>Dennis M. Coffey</b>  |  | Treasurer Name<br><b>Dennis M. Coffey</b>   |                               |                                  |
| Street Address<br><b>see president</b>   |  | Street Address<br><b>see president</b>  |                               |                                  |
| City   | State  | Zip   | City                          | State                            |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |                               |                                  |
| Director Name<br><b>Dennis M. Coffey</b>   |  | Director Name   |                               |                                  |
| Street Address<br><b>see president</b>   |  | Street Address  |                               |                                  |
| City   | State  | Zip   | City                          | State                            |
| Director Name  |  | Director Name   |                               |                                  |
| Street Address   |  | Street Address  |                               |                                  |
| City   | State  | Zip   | City                          | State                            |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |                               |                                  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                               |                                  |
|  |  | NUMBER OF SHARES<br><b>100</b>  | CLASS/SERIES<br><b>common</b> | PAR VALUE<br><b>no par value</b> |
| 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.<br><b>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.</b> |  |   |                               |                                  |
| Name of Authorized Representative<br><b>Dennis M. Coffey</b>   |  |   | Date<br><b>1/29/20</b>        |                                  |
| Signature of Authorized Representative<br><i>[Signature]</i>   |  |   |                               |                                  |