

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

FILEDIMP

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	2. Exact name	of the Corporation	1			
000043877	International Sourcing & Marketing, Ltd.					
3. Principal Office Address			City		State	Zip
940 Waterman Avenue			East Provid	ene	RI	02914
4. NAICS Code	Brief description of the character of business conducted in Rhode Island					
425110	The import, marketing, sourcing and sale of manufactured goods.					
State of Incorporation]					
RI						
7. List ALL officers (names and add	resses)			Check	the box to in	ndicate an attachment 🔲
President Name Gregory L. Lucini			Vice-President Name None			
Street Address 940 Waterman Avenue			Street Address			
Cily East Providence	State RI	^{Zip} 02914	City		State	Zip
Secretary Name Gregory L. Lucini			Treasurer Name Gregory L. Lucini			
Street Address 940 Waterman Avenue			Street Address 940 Waterman Avenue			
City East Providence	State RI	^{Zip} 02914	City East Providence		State RI	^{Zip} 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment						
Director Name Kenneth R. Palumbo			Director Name Gregory L. Lucini			
Street Address 940 Waterman Avenue			Street Address 940 Waterman Avenue			
City East Providence	State RI	^{Zip} 02914	City East Provdence		State RI	Zip 02914
Director Name None			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
9. Shares Authorized	1	10. Shares Iss		Charl	. the house is	edicate on attachment 🗇
This information is currently of record in the		NUMBER OF	SHARES	Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
Department of State.		200	200		Common	
Changes require an additional filing.						
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 kontained herein are true and correct.						
Name of Authorized Representative Date Gregory L. Acini					127/2020	
Signature of Authorized Representative SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov