



State of Rhode Island

Department of State - Business Services Division

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.

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1. Entity ID Number 123814		2. Exact name of the Corporation Commercial Solutions, Inc.												
3. Principal Office Address 21 Industrial Drive			City Smithfield	State RI	Zip 02917									
4. NAICS Code 444190		6. Brief description of the character of business conducted in Rhode Island The sale of commercial products.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Kerry T. Reid			Vice-President Name Joseph A. Sousa											
Street Address 21 Industrial Drive			Street Address 21 Industrial Drive											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
Secretary Name Joseph Sousa			Treasurer Name Kerry T. Reid											
Street Address 21 Industrial Drive			Street Address 21 Industrial Drive											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Joseph Sousa			Director Name Kerry T. Reid											
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 ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>\$1.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	\$1.00			
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100	common	\$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 Joseph Sousa				Date 10/21/2020										
Signature of Authorized Representative <i>Joseph A. Sousa</i>														

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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