RI SOS Filing Number: 202071452490 Date: 11/2/2020 4:00:00 PM

State of Rhode Island 1

Department of State - Business Services Division

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Annual	Report for	the year:	2
_	4.		

2020 Corporation

→ Filing period: January 1 - March 1

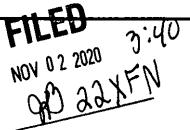
→ Filing Fee: \$50.00 → Penalty: Additional \$25	5,00 fee if form is no	ot filed by April 1.			_				
1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
123814	Commercial	Solutions, Inc.							
3. Principal Office Address			City		State	Zip			
21 Industrial Drive			Smithfield		RI	02917			
4. NAICS Code	6. Brief descr	ription of the charar	cter of business co	onducted in Rhode Is	sland				
444190	The sale of c	The sale of commercial products.							
5. State of Incorporation	\neg								
Rhode Island									
7. List ALL officers (names an	nd addresses)		W. C. Donaldon		the box to in	ndicate an attachment 🏻			
President Name Kerry T. Reid			Vice-President	l Name Joseph A. Sou:	isa				
Street Address 21 Industrial D	Prive		Street Address	21 Industrial Drive	State RI				
^{City} Smtihfield	State RI	^{Zip} 02917		City Smithfield		^{Zip} 02917			
Secretary Name Joseph Sousa				Treasurer Name Kerry T. Reid					
Street Address 21 Industrial D			Street Address 21 Industrial Drive City Smtihfield State RI Zip 02917						
City Smithfield	State RI	^{Zip} 02917	City Smtihfiel	City Smtihfield		^{Zip} 02917			
8. List ALL directors (names a	and addresses)		In the Name	Check	the box to in	ndicate an attachment 🔲			
Director Name Joseph Sousa			Director Name,	Kerry T. Reid					
Street Address			Street Address						
City	State	Zip	City		State	Zıp			
Director Name			Director Name	Director Name					
Street Address			Street Address	Street Address					
City	State	Zip	City		State	Zip			
9. Shares Authorized This information is currently of	t Ab	10. Shares Iss	Sued OF SHARES	Check CLASS/SERIES		ndicate an attachment PAR VALUE			
This information is currently of Department of State.	frecord in the	100	IF SHARLS	common		\$1.00			
Changes require an additional	l filing,	100		Common		\$1.00			
A A	A M of the								
11. This report must be executrustee, this report must be ex					pration is in t	he hands of a receiver or			
Under penalty of perjury, I de	declare and affirm t	that I have examin	ned this report, ir		npanying sc	chedules and			
statements, and that all sta Name of Authorized Represe		herein are true ar	nd correct.		Date				
Joseph Sousa						10/21/2020			
Signature of Authorized Repr	resentative	a Sugar		-n					

MAIL TO:

Division of Business Services

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

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



FORM 630 - Revised: 08/2020