



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

STAMP

JAN 27 2021

BY

1. Entity ID Number 422		2. Exact name of the Corporation Adler Brothers, Inc.			
3. Principal Office Address 173 Wickenden Street			City Providence	State RI	Zip 02903
4. NAICS Code 332216		6. Brief description of the character of business conducted in Rhode Island Purchases, sales, handling and dealing in hardware and leasing tools/equipment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Harry Adler			Vice-President Name Marc I. Adler		
Street Address 173 Wickenden Street			Street Address 173 Wickenden Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Janice Adler			Treasurer Name		
Street Address 173 Wickenden Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			600		0
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 Janice Adler				Date 1/19/21	
Signature of Authorized Representative <i>Janice Adler</i>					

MAIL TO:

Division of Business Services

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