RI SOS Filing Number: 202190110970 Date: 2/4/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

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.

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FEB 04 2021

E 139782

1. Entity ID Number	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 description of the character of business conducted in Rhode Island		
444190	**The sale of commercial products**		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **William F. Donahue, IV**			Vice-President Name		
Street Address **21 Industrial Drive**			Street Address		
City **Smithfield**	State **RI**	Zip **02917**	City	State	Zip
Secretary Name **Joseph Sousa**			Treasurer Name **Joseph Sousa**		
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		
Street Address **21 Industrial Drive**			Street Address		
City **Smithfield**	State **RI**	Zip **02917**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	**COMMON**	**.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, President**

Date: 2/1/2021

Signature of Authorized Representative: Joseph A Sousa

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.ri.gov

FORM 630 - Revised: 10/2017