



State of Rhode Island

**Department of State - Business Services Division**

**STAMP**

**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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number 504973		2. Exact name of the Corporation Commerce Lending, Inc.		2021 APR -1 A 11: 08	
3. Principal Office Address 361 Atwells Ave Unit 4			City Providence	State RI	Zip 02903
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To Lend and Invest, any ancillary purposes and all other lawful purposes			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Salvatore Eacuella Jr			Vice-President Name Mary Ann Eacuella		
Street Address 361 Atwells Ave Unit 4			Street Address 361 Atwells Ave Unit 4		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		200	Common Stock	\$0.01	
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. <b>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.</b>					
Name of Authorized Representative Salvatore Eacuella, Jr.				Date 02-15-2021	
Signature of Authorized Representative <i>Salvatore Eacuella</i>				FILED APR 01 2021	

**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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