RI SOS Filing Number: 202198166410 Date: 6/11/2021 9:06:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corrected

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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2021 JUNII AM 9: 06

Entity ID Number	2. Exact name of the Corporation							
123814	Commercial Solutions, Inc.							
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							
State of Incorporation	1							
RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Joseph Sousa			Vice-President Name Kerry T. Reid					
Street Address 21 Industrial Drive			Street Address 21 Industrial Drive					
City Smithfield	State RI	Zıp 02917	City Smithfield		State RI	^{Zıp} 02917		
Secretary Name Joseph Sousa	retary 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 21 Industrial Drive			Street Address 21 Industrial Drive					
City Smithfield	State RI	^{Zip} 02917	City Smithfield		State RI	Z _{IP} 02917		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	1	10. Shares Iss	10. Shares Issued Check the box to indicate an attachment			ndicate an attachment		
		NLVBER O						
Department of State.		600	600		COMMON			
Changes require an additional filing.								
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 Date								
Joseph Sousa, President 6/4/2(
Signature of Authorized Representative SIGN DOCUMENT HERE FILED								

MAIL TO:

Division of Business Gervices

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 1 2021

BY_

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 11, 2021 09:06 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

