



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**  
 FEB 06 2023  
 BY L7616  
 PS

1. Entity ID Number <b>2976</b>		2. Exact name of the Corporation <b>Brown, Lisle/Cummings, Inc.</b>			
3. Principal Office Address <b>One Turks Head Place - Suite 800</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>523120</b>		6. Brief description of the character of business conducted in Rhode Island <b>Securities Broker/Dealer and Investment Advisor</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <b>David A. Izzi</b>			Vice-President Name <b>Scott S. Lisle</b>		
Street Address <b>8 Teft Court</b>			Street Address <b>99 Water Street - Apt. 123</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>David A. Izzi</b>			Treasurer Name <b>David A. Izzi</b>		
Street Address <b>8 Teft Court</b>			Street Address <b>8 Teft Court</b>		
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>None</b>			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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>240</b>	<b>COM</b>	<b>NO PAR</b>	
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 <b>David A. Izzi</b>				Date <b>02/01/2023</b>	
Signature of Authorized Representative <i>David A. Izzi</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023**

**--ATTACHMENT--**

**Entity ID No. 2976**

**Brown, Lisle/Cummings, Inc.**

**Additional Officers**

- 1. John A. Marginson – Vice President  
26 Bromley Court  
North Kingstown, RI 02852**
- 2. Joseph H. McGinn, Jr. – Vice President  
15 Lakeview Road  
Lincoln, RI 02865**
- 3. Louis G. Murphy, Jr. – Vice President  
136 Carroll Avenue  
Newport, RI 02840**
- 4. Clifford B. Tracy, Jr. – Vice President  
26 Fremont Street  
South Dartmouth, MA 02748**

**FILED**

**FEB 06 2023**

**BY**

**17616**

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