



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 15 2023

BY 1012

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1. Entity ID Number 5478		2. Exact name of the Corporation CUMBERLAND INVESTMENT CORPORATION			
3. Principal Office Address 8732 VIA PRESTIGIO EAST			City WELLINGTON	State FL	Zip 33411
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island WHOLESALE AND RETAIL PURCHASE AND SALE OF PRECIOUS METALS RARE COINS, GEMSTONES, STAMPS AND RELATED PRODUCTS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name HAROLD F. CHORNEY			Vice-President Name		
Street Address 8732 VIA PRESTIGIO EAST			Street Address		
City WELLINGTON	State FL	Zip 33411	City	State	Zip
Secretary Name HAROLD F. CHORNEY			Treasurer Name		
Street Address 8732 VIA PRESTIGIO EAST			Street Address		
City WELLINGTON	State FL	Zip 33411	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name HAROLD F. CHORNEY			Director Name		
Street Address 8732 VIA PRESTIGIO EAST			Street Address		
City WELLINGTON	State FL	Zip 33411	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		
			2,000		
			COMMON		
			NO PAR		
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 HAROLD F. CHORNEY					Date 11 FEBRUARY 2023
Signature of Authorized Representative <i>Harold F. Chorney, President</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

FORM 630 - Revised: 11/2021