



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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 05 2024

EX-129510

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1. Entity ID Number 2976		2. Exact name of the Corporation Brown, Lisle/Cummings, Inc.										
3. Principal Office Address One Turks Head Place - Suite 800		City Providence	State RI									
		Zip 02903										
4. NAICS Code 523120	6. Brief description of the character of business conducted in Rhode Island Securities Broker/Dealer and Investment Advisor											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>												
President Name David A. Izzi		Vice-President Name Scott S. Lisle										
Street Address 8 Teft Court		Street Address 4 Blount Circle										
City Hope Valley	State RI	City Barrington	State RI									
Zip 02832		Zip 02806										
Secretary Name David A. Izzi		Treasurer Name David A. Izzi										
Street Address 8 Teft Court		Street Address 8 Teft Court										
City Hope Valley	State RI	City Hope Valley	State RI									
Zip 02832		Zip 02832										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name NONE		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VA! UF</th> </tr> </thead> <tbody> <tr> <td>240</td> <td>COM</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VA! UF	240	COM	NO PAR			
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240	COM	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 David A. Izzi			Date 02/01/2024									
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