



State of Rhode Island
Department of State - Business Services Division

FILED

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.

FEB 14 2024

BY 1018

DS

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, 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			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 6 Feb 2024	
Signature of Authorized Representative <i>Harold F. Chorney, President</i>					

MAIL TO:
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