



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.

STAMP
MAY 01 2024
925868 DEPT. OF STATE
RI SOS

1 Entity ID Number 000004644		2 Exact name of the Corporation COMTORGAGE CORPORATION			
3 Principal Office Address 58 Industrial Dr			City North Smithfield	State RI	Zip 02896
4 NAICS Code 332216		6 Brief description of the character of business conducted in Rhode Island MANUFACTURER OF PRECISION ELECTRONICS AND MECHANICAL GAGES			
5 State of Incorporation RI					
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PAULINE J. BRODEUR			Vice-President Name PAULINE J. BRODEUR		
Street Address 384 West Wrentham Rd.			Street Address 384 West Wrentham Rd.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name PAULINE J. BRODEUR			Treasurer Name PAULINE J. BRODEUR		
Street Address 384 West Wrentham Rd			Street Address 384 West Wrentham Rd.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAULINE J. BRODEUR			Director Name		
Street Address 384 West Wrentham Rd.			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized		10 Shares Issued 100.00		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		<small>NUMBER OF SHARES</small>		<small>CLASS/SERIES</small>	
		1,000.00	CNP	<small>PAR VALUE</small> 0.0000	
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 Pauline J Brodeur President				Date 4/22/2024	
Signature of Authorized Representative 					

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