RI SOS Filing Number: 202564638240 Date: 2/6/2025 4:00:00 PM

| t .  |                                    |  |                     |                |                           |                    |  |
|--|------------------------------------|--|---------------------|----------------|---------------------------|--------------------|--|
| State of Rhode Island  Department of State - Business Services Division  Annual Report for the year:  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 2025 BY 2237 |                    |  |
| 1. Entity ID Number 000032121  | 2. Exact nam                       | e of the Corporation<br>SSION BRO  | n                   |                |                           |                    |  |
| 3. Principal Office Address<br>159 EAST HILL DRIVE   |                                    |  | City<br>CRANS       | TON            | State<br>RI               | Zip<br>02920       |  |
| 4. NAICS Code 423830  5. State of Incorporation RI   | Brokering Machiner                 | iption of the charact<br>g, Reselling, Lic<br>y for the Non-F<br>ding Industries | quidating, A        | uctioning and  | d Appraising u            | sed<br>c, Rubber   |  |
| 7. List ALL officers (names and  |                                    |  |                     | Check t        | he box to indicate        | an attachment 🔲    |  |
| President Name MARTIN KE   | Vice-President Name NONE           |  |                     |                |                           |                    |  |
| Street Address 159 EAST HILL DRIVE   |                                    |  | Street Address      |                |                           |                    |  |
| City CRANSTON  | State RI                           | <sup>Zip</sup> 02920   | City                |                | State                     | Zip                |  |
| Secretary Name MARTIN KE   | NNER                               |  | Treasurer Na        | me MARTIN I    | KENNER                    |                    |  |
| Street Address 159 EAST H  | Street Address 159 EAST HILL DRIVE |  |                     |                |                           |                    |  |
| City CRANSTON  | State RI                           | <sup>Zip</sup> 02920   | City CRANSTON       |                | State RI                  | <sup>Z</sup> 02920 |  |
| 8. List ALL directors (names and   | d addresses)                       |  |                     | Check t        | the box to indicate       | an attachment 🗆    |  |
| Director Name NONE   | Director Name NONE                 |  |                     |                |                           |                    |  |
| Street Address   |                                    |  | Street Address      |                |                           |                    |  |
| City   | State                              | ZIp  | City                |                | State                     | Zıp                |  |
| Director Name NONE   |                                    |  | Director Name NONE  |                |                           |                    |  |
| Street Address   |                                    |  | Street Addres       | Street Address |                           |                    |  |
| City   | State                              | Zip  | City                |                | State                     | Zip                |  |
| 9. Shares Authorized   |                                    | 10. Shares iss   |                     |                |                           |                    |  |
| This information is currently of record in the<br>Department of State.   |                                    |  | NUMBER OF SHARES CL |                | SERIES                    | PAR VALUE          |  |
| Changes require an additional fili   | ng.                                |  |                     |                |                           |                    |  |

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

MARTIN KENNER

1 FEBRUARY 2025

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 V#22397 2.1.25