



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year:** 2021

**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 01 2021  
 BY 1575  
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1. Entity ID Number 158453		2. Exact name of the Corporation CSM SALES & MARKETING, INC.			
3. Principal Office Address 11 Foote Street			City Barrington	State RI	Zip 02806
4. NAICS Code 722310		6. Brief description of the character of business conducted in Rhode Island food brokering			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name Dennis M. Coffey			Vice-President Name Dennis M. Coffey		
Street Address 11 Foote Street			Street Address see president		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Dennis M. Coffey			Treasurer Name Dennis M. Coffey		
Street Address see president			Street Address see president		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name Dennis M. Coffey			Director Name		
Street Address see president			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	common	no par value
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. <b>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.</b>					
Name of Authorized Representative Dennis M. Coffey				Date 2/22/21	
Signature of Authorized Representative 					

MAIL TO:  
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