



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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

1. Entity ID Number 2927		2. Exact name of the Corporation Brokers Unlimited, Inc.			
3. Principal Office Address 40 Conduit Street			City Central Falls	State RI	Zip 02865
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island BUY, SELL, FABRICATE, DEAL AND TRADE SURPLUS MATERIALS AND GOODS			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Theodore F. Loebenberg			Vice-President Name Theodore F. Loebenberg		
Street Address Box 2535			Street Address Box 2535		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Theodore F. Loebenberg			Treasurer Name Theodore F. Loebenberg		
Street Address Box 2535			Street Address Box 2535		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			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 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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 Theodore F. Loebenberg				Date July 18, 2022	
Signature of Authorized Representative 					

RECEIVED
 DEPT. OF STATE
 BUS SVCS DIV
 2022 FEB 23 AM 11:12

SIGN DOC **FILED** RP

FEB 23 2022
1996 A.A.

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov