



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 714385		2. Exact name of the Corporation THE WAHLBERG GROUP, INC.			
3. Principal office address 155 Graveley Hill Road		City Wakefield	State RI	Zip 02879	
4. Business Phone No. 401-487-9851		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island sale of wood and other related products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Karl T. Wahlberg		Vice-President Name Dale S. Wahlberg			
Street Address 155 Graveley Hill Road		Street Address 155 Graveley Hill Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Karl T. Wahlberg		Treasurer Name Dale S. Wahlberg			
Street Address see above		Street Address see above			
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Karl T. Wahlberg		Director Name			
Street Address see above		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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 13 2015

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.

Signature of Authorized Representative

Date

Karl T. Wahlberg

Karl T. Wahlberg

Print or Type Name of Authorized Representative