



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 **2016**

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. 11880		2. Exact name of the Corporation C. Sjoberg & Son, Inc.			
3. Principal office address 415 Station Street			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-461-8220			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island metal specialties					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Clifford W. Sjoberg, Jr.			Vice-President Name Timothy C. Sjoberg		
Street Address 167 Pine Glen Drive #67			Street Address 8 Michael Lane		
City East Greenwich	State RI	Zip 02818	City Mansfield	State MA	Zip 02048
Secretary Name Joan P. Sjoberg			Treasurer Name Clifford W. Sjoberg, Jr.		
Street Address 167 Pine Glen Drive #67			Street Address same as above		
City East Greenwich	State RI	Zip 02818	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("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	none

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

JAN 13 2016

BY 11412 DS

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.

Clifford W. Sjoberg, Jr. 1/12/16
 Signature of Authorized Representative Date

Clifford W. Sjoberg, Jr.
 Print or Type Name of Authorized Representative