



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. 8540		2. Exact name of the Corporation Sanford and Son LTD.			
3. Principal office address 104 Cynthia Ave			City Tiverton	State RI	Zip 02878
4. Business Phone No. 4016246424			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Auto Dismantling Auto Parts and Salvage					
7. LIST OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bryan N. Sanford			Vice-President Name Diane L. Sanford		
Street Address 84 Cynthia Ave.			Street Address 84 Cynthia Ave.		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Diane L. Sanford			Treasurer Name Bryan N. Sanford		
Street Address 84 Cynthia Ave			Street Address 84 Cynthia Ave		
City Tiverton.	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. LIST DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
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
			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
 MAR 30 2016
 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: *Bryan N. Sanford* Date: **03/25/2016**
Bryan N. Sanford President
 Print or Type Name of Authorized Representative

BY 8357