



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

**Annual Report for the year: 2017**  
**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 <b>714385</b>		2. Exact name of the Corporation <b>THE WAHLBERG GROUP, INC.</b>			
3. Principal Office Address <b>155 Graveley Hill Road</b>		City <b>Wakefield</b>		State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>42 - Wholesale Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>sale of wood and related products</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Karl T. Wahlberg</b>			Vice-President Name <b>Dale S. Wahlberg</b>		
Street Address <b>155 Graveley Hill Road</b>			Street Address <b>155 Graveley Hill Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>Karl T. Wahlberg</b>			Treasurer Name <b>Dale S. Wahlberg</b>		
Street Address <b>see above</b>			Street Address <b>see above</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Karl T. Wahlberg</b>			Director Name		
Street Address <b>see above</b>			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 <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<b>100</b>	<b>common</b>	<b>no par value</b>
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 <b>Karl T. Wahlberg</b>				Date <b>2-13-17</b>	
Signature of Authorized Representative <i>Karl Wahlberg</i>				<b>FILED</b> <b>FEB 17 2017</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY 1412  
*[Signature]*