



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 39096		2. Exact name of the Corporation Viking Industries, Inc.			
3. Principal Office Address 32 Spring Avenue, P.O. Box 32		City Barrington		State RI	Zip 02806
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island installation of commercial and industrial insulation			
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 Leonard E. Carlson			Vice-President Name Douglas N. Carlson		
Street Address 567 Prospect Street			Street Address 9 Hazelton Road		
City Seekonk	State MA	Zip 02771	City Barrington	State RI	Zip 02806
Secretary Name Leonard E. Carlson			Treasurer Name Douglas N. Carlson		
Street Address 567 Prospect Street			Street Address 9 Hazelton Road		
City Seekonk	State MA	Zip 02771	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Leonard E. Carlson			Director Name Douglas N. Carlson		
Street Address 567 Prospect Street			Street Address 9 Hazelton Road		
City Seekonk	State MA	Zip 02771	City Barrington	State RI	Zip 02806
Director Name none			Director Name none		
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 Leonard E. Carlson				Date 2/14/17	
Signature of Authorized Representative 					

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

FILED

MAR 02 2017

06298305

FORM 630 - Revised: 02/2017