



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

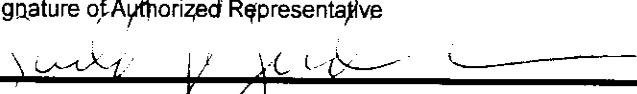
Annual Report for the year: **2017**

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 43887		2. Exact name of the Corporation THE STRATEGIC RESOURCE GROUP, INC.			
3. Principal Office Address 738 Chopmist Hill Road		City North Scituate		State RI	Zip 02857
4. NAICS Code 54-Professional, Scientific, and		6. Brief description of the character of business conducted in Rhode Island BUSINESS MANAGEMENT CONSULTING SERVICES			
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 GERALD GENDRON			Vice-President Name MARION GENDRON		
Street Address 738 Chopmist Hill Road			Street Address 738 Chopmist Hill Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name GERALD GENDRON			Treasurer Name MARION GENDRON		
Street Address 738 Chopmist Hill Road			Street Address 738 Chopmist Hill Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GERALD GENDRON			Director Name MARION GENDRON		
Street Address 738 Chopmist Hill Road			Street Address 738 Chopmist Hill Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
0		COMMON		NO PAR VALUE	
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 GERALD GENDRON, PRESIDENT				Date February 21, 2017	
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 13 2017****2041**