



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 000008198		2. Exact name of the Corporation Sandstrom Carbide Products, Corp., Inc.			
3. Principal Office Address 140 Imera Avenue		City Warwick		State RI	Zip 02886
4. NAICS Code 334999	6. Brief description of the character of business conducted in Rhode Island mfg. tools and dies				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Jon J. Ash		Vice-President Name Christopher A. Ash			
Street Address 40 Flamingo Drive		Street Address 12 Kings Ave			
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02905
Secretary Name Jon J. Ash		Treasurer Name Jon Ash			
Street Address 40 Flamingo Dr		Street Address 40 Flamingo Dr			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an 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 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
		400	STK	\$100.00	
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 Jon J. Ash					Date 3-21-18
Signature of Authorized Representative 					

ELECTRONICALLY FILED

FILED

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

MAR 29 2018

BY

FORM 630 - Revised: 10/2017