



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number <b>13187</b>		2. Exact name of the Corporation <b>SPARROW INDUSTRIES, INC.</b>							
3. Principal Office Address <b>1049 Tiogue Avenue</b>				City <b>Coventry</b>		State <b>RI</b>		Zip <b>02816</b>	
4. NAICS Code <b>339999</b>		6. Brief description of the character of business conducted in Rhode Island <b>Manufacture of Precision Machined Parts</b>							
5. State of Incorporation <b>RHODE ISLAND</b>									
7. List ALL officers (names and addresses)								Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Kathleen Fallon</b>				Vice-President Name <b>None</b>					
Street Address <b>1049 Tiogue Avenue</b>				Street Address					
City <b>Coventry</b>		State <b>RI</b>		Zip <b>02816</b>		City		State <b>RI</b>	
Secretary Name <b>Kathleen Fallon</b>				Treasurer Name <b>Kathleen Fallon</b>					
Street Address <b>1049 Tiogue Avenue</b>				Street Address <b>1049 Tiogue Avenue</b>					
City <b>Coventry</b>		State <b>RI</b>		Zip <b>02816</b>		City <b>Coventry</b>		State <b>RI</b>	
								Zip <b>02816</b>	
8. List ALL directors (names and addresses)								Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>None</b>				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				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	
				<b>110</b>		<b>Common N/A</b>		<b>\$10 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.									
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 <b>Kathleen Fallon, President</b>								Date <b>2-13-2019</b>	
Signature of Authorized Representative <i>Kathleen A. Fallon</i>								SIGN DOCUMENT HERE <b>FILED</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

FEB 15 2019

BY **3533**

FORM 630 - Revised: 10/2017

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