



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 FEB 28 PM 2:27

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.

1. Entity ID Number 83963		2. Exact name of the Corporation STROMBERG PETS, INC.			
3. Principal Office Address 726 Reservoir Avenue		City Cranston	State RI	Zip 02910	
4. NAICS Code 453910 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island THE OPERATION OF A PET STORE.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Diane Stromberg		Vice-President Name Kraig Stromberg			
Street Address 17 Yeles Avenue		Street Address 17 Yeles Avenue			
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
Secretary Name Tracy I. Stromberg		Treasurer Name Kraig Stromberg			
Street Address 17 Yeles Avenue		Street Address 17 Yeles Avenue			
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Diane Strimberg		Director Name Kraig Stromberg			
Street Address 17 Yeles Avenue		Street Address 17 Yeles Avenue			
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100			0
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 Diane Stromberg				Date	
Signature of Authorized Representative <i>Diane Stromberg</i>				FILED SIGN DOCUMENT HERE 1/14/19	

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 28 2019
 BY *[Signature]* **21967**