



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. <i>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.</i> | | | | | |
| 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**