RI SOS Filing Number: 202039402840 Date: 5/7/2020 10:43:00 AM

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAY -7 AM 10:42

STAMP

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	2. Exact name of the Corporation		
8175	SANDBERG ENTERPRISES INC.		
3. Principal Office Address	City	State	Zip
806 Broncos Hwy.	Mapleville	RI	02839
4. NAICS Code: 332710	6. Brief description of the character of business conducted in Rhode Island: Manufacturing / Machine Shop		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Donald Sandberg	Bruce Sandberg
Street Address: 330 Ledge Rd.	Street Address: 23 Peck Hill RD
City: Duyville / State: CT / Zip: 06241	City: Johnston / State: RI / Zip: 02919
Secretary Name: Leah Sandberg	Treasurer Name: Robert E. Sandberg Jr.
Street Address: 330 Ledge Rd.	Street Address: 222 East Putnam RD.
City: Duyville / State: CT / Zip: 06241	City: Putnam / State: CT / Zip: 06260

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Robert E. Sandberg, SR (CEO)	Dorothy E. Sandberg (CFO)
Street Address: 23 Peck Hill RD	Street Address: 23 Peck Hill RD
City: Johnston RI / State: RI / Zip: 02919	City: Johnston / State: RI / Zip: 02919
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	STK	∅

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	Date
Leah Sandberg	5/6/20

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAY 07 2020
KL M6265
10:43

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

FORM 630 - Revised: 10/2017