



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

Annual Report for the year: 2020  
Corporation

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2020 JUN -8 PM 3:09

- 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 <b>000054408</b>		2. Exact name of the Corporation <b>Viking Supply Company</b>	
3. Principal Office Address <b>36 Friendship ST - P.O. Box 11</b>		City <b>Westley</b>	State <b>RI</b>
4. NAICS Code <b>423720</b>		5. Zip <b>02891</b>	
5. State of Incorporation <b>CT</b>		6. Brief description of the character of business conducted in Rhode Island <b>Wholesale Plbg + Htg + Industrial Supplies</b>	
7. List ALL officers (names and addresses)			
President Name <b>John F. Kindelan JR</b>		Vice-President Name <b>James J. Kindelan</b>	
Street Address <b>883 STONINGTON RD</b>		Street Address <b>314 Shumankuc Hill Rd</b>	
City <b>PAWCATUCK</b>	State <b>CT</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>
Zip <b>06379</b>		Zip <b>02813</b>	
Secretary Name <b>KAREN S. KINDELAN</b>		Treasurer Name <b>John F. Kindelan JR</b>	
Street Address <b>883 STONINGTON RD</b>		Street Address <b>883 STONINGTON RD</b>	
City <b>PAWCATUCK</b>	State <b>CT</b>	City <b>PAWCATUCK</b>	State <b>CT</b>
Zip <b>06379</b>		Zip <b>06379</b>	
8. List ALL directors (names and addresses)			
Director Name <b>JAMES J. KINDELAN</b>		Director Name <b>John F. Kindelan JR</b>	
Street Address <b>314 Shumankuc Hill Rd</b>		Street Address <b>883 Stonington Rd</b>	
City <b>CHARLESTOWN</b>	State <b>RI</b>	City <b>PAWCATUCK</b>	State <b>CT</b>
Zip <b>02813</b>		Zip <b>06379</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. <b>300 AUTH</b> Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> NUMBER OF SHARES CLASS/SERIES PAR VALUE <b>100 Common 0</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>KAREN S. Kindelan</b>		Date <b>6/1/2020</b>	
Signature of Authorized Representative <b>Karen S. Kindelan FICER, JR.</b>			

JUN 08 2020

BY **CU BBH24**