



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

MAR 05 2021

BY 2648-05

1. Entity ID Number 000073386		2. Exact name of the Corporation Carl A. Malmberg & Son, Inc.			
3. Principal Office Address 1626 Phenix Avenue			City Cranston	State RI	Zip 02921
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Home building improvements				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward P. Plaziak, Jr.			Vice-President Name Carl A. Malmberg		
Street Address 1626 Phenix Avenue			Street Address 1626 Phenix Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Edward P. Plaziak, Jr.			Treasurer Name Edward P. Plaziak, Jr.		
Street Address 1626 Phenix Avenue			Street Address 1626 Phenix		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward P. Plaziak, Jr.			Director Name		
Street Address 1626 Phenix Avenue			Street Address		
City Cranston	State RI	Zip 02921	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.			NUMBER OF SHARES		
			CLASS/SERIES		
Changes require an additional filing.			200		CNP
					\$0.0000
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 Edward P. Plaziak, Jr.					Date 02/04/21
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov