



State of Rhode Island

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 186659

1. Entity ID Number 1105193		2. Exact name of the Corporation nordic company, inc.												
3. Principal Office Address 5 tripps lane			City riverside	State ri	Zip 02915									
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island silkscreen manufacturer of drink ware												
5. State of Incorporation ri														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name mark kindberg			Vice-President Name mark kindberg											
Street Address 173 danforth street			Street Address 173 danforth street											
City rehoboth	State ma	Zip 02769	City rehoboth	State ma	Zip 02769									
Secretary Name mark kindberg			Treasurer Name Bradford Kindberg											
Street Address 173 danforth street			Street Address 3 old plymouth road											
City rehoboth	State ma	Zip 02769	City sagamore beach	State ma	Zip 02562									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE			Director Name NONE											
Street Address NONE			Street Address NONE											
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE									
Director Name NONE			Director Name NONE											
Street Address NONE			Street Address NONE											
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STOCKS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/STOCKS	PAR VALUE	0		0			
NUMBER OF SHARES	CLASS/STOCKS	PAR VALUE												
0		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 mark r kindberg				Date 3/2/2021										
Signature of Authorized Representative MAR 11														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020