



State of Rhode Island

Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN -4 PM 4:00

1. Entity ID Number 1339293		2. Exact name of the Corporation Shomberg Systems, Inc.			
3. Principal Office Address 20 Rhode Island Avenue			City Newport	State RI	Zip 02840
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island Designing of sailboat racing programs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Shomberg			Vice-President Name Joseph Shomberg		
Street Address 20 Rhode Island Avenue			Street Address 20 Rhode Island Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Joseph Shomberg			Treasurer Name Joseph Shomberg		
Street Address 20 Rhode Island Avenue			Street Address 20 Rhode Island Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			8,000		No Par
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 Joseph Shomberg					Date 5/18/2021
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

FILED
AUG 13 2021
KLC XAFANT
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