



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 JAN 31 2023
 BY 3271
 KA

1. Entity ID Number 8540		2. Exact name of the Corporation Sanford & Son LTD			
3. Principal Office Address 104 Cynthia Ave			City Tiverton	State RI	Zip 02878
4. NAICS Code other services		6. Brief description of the character of business conducted in Rhode Island Auto Dismantling, Auto Parts and Salvage			
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 Bryan N Sanford Jr.			Vice-President Name Bryan N. Sanford Sr.		
Street Address 494 Cornell Road			Street Address 84 Cynthia Ave.		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Diane L. Sanford			Treasurer Name Diane L. Sanford		
Street Address 84 Cynthia Ave.			Street Address 84 Cynthia Ave.		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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		CLASS/SERIES	
		none		100 no par value	
				PAR VALUE	
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 Bryan Sanford Jr.				Date 1/26/2023	
Signature of Authorized Representative <i>Bryan Sanford Jr.</i>					

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