



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.

FEB 24 2023 STAMP
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1. Entity ID Number 13187		2. Exact name of the Corporation Sparrow Industries, Inc.			
3. Principal Office Address 17 Ragnell Road			City West Greenwich	State RI	Zip 02817
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacture of precision parts			
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 Kathleen Fallon			Vice-President Name		
Street Address 17 Ragnell Road			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name Kathleen Fallon			Treasurer Name Kathleen Fallon		
Street Address 17 Ragnell Road			Street Address 17 Ragnell Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
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/SERIALS	PAR VALUE
			110	Common N/A	\$10 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 Kathleen Fallon					Date 2/22/23
Signature of Authorized Representative <i>Kathleen A. Fallon</i>					

MAIL TO:
 Division of Business Services
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