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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
107583	S & Q ENTERPRISES LTD.

3. Principal office address	City	State	Zip
C/O 2399 PAWTUCKET AVENUE	EAST PROVIDENCE	RI	02914

4. Business Phone No.	5. State of Incorporation
401-333-9970	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
DAY CARE AND RELATED SERVICES

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
MARGARET QUINN	SAME
Street Address: 130 BRIARCLIFF AVENUE	Street Address:
City: WARWICK, State: RI, Zip: 02889	City, State, Zip:
Secretary Name: SAME	Treasurer Name: SAME
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
MARGARET QUINN	
Street Address: 130 BRIARCLIFF AVENUE	Street Address:
City: WARWICK, State: RI, Zip: 02889	City, State, Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	100	COMMON	NPV

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.

FILED
File Date: _____
Check No. _____
JAN 19 2016
By: _____
FOR SECRETARY OF STATE USE ONLY 3193

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.

/ Margaret Quinn 1/13/16
Signature of Authorized Representative Date

MARGARET QUINN
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

131346-77-1101755