



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. 107583		2. Exact name of the Corporation S & Q ENTERPRISES LTD.						
3. Principal office address C/O 2399 PAWTUCKET AVENUE		City EAST PROVIDENCE		State RI	Zip 02914			
4. Business Phone No. 401-333-9970		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island DAY CARE AND RELATED SERVICES								
7. OFFICERS AND DIRECTORS (SEE INSTRUCTIONS FOR ATTACHMENT) ☐								
President Name MARGARET QUINN			Vice-President Name 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 MARGARET QUINN			Director Name					
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) ☐		
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.						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						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
JAN 19 2016
By: 3193
FOR SECRETARY OF STATE ONLY

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