



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 11 2019
STAMP

BY 4260
USE ONLY

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.

1. Entity ID Number 158857		2. Exact name of the Corporation SOUTH COUNTY WOODWORKS, INC.			
3. Principal Office Address 363 South Road			City South Kingstown	State RI	Zip 02879
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Residential building construction			
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 Stephen K. Rasmussen			Vice-President Name		
Street Address 363 South Road			Street Address		
City South Kingstown	State RI	Zip 02879	City	State	Zip
Secretary Name Stephen K. Rasmussen			Treasurer Name Stephen K. Rasmussen		
Street Address 363 South Road			Street Address 363 South Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
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	
		100		Common	
				No 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 Stephen K. Rasmussen				Date 2/7/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov