

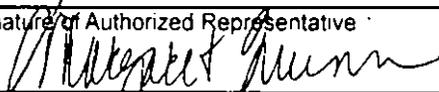


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED STAMP
 MAR 11 2019
 BY 3620 DS

1. Entity ID Number 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. NAICS Code 62 4410		6. Brief description of the character of business conducted in Rhode Island DAY CARE AND RELATED SERVICES			
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 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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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	
				NPV	
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 MARGARET QUINN					Date 02/09/2019
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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