RI SOS Filing Number: 202033523550 Date: 1/31/2020 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division Annual Report for the year: 2020					FILED STAMP JAN 3 I 2020		
Corporation	<u> 202</u>	<u> </u>			JAN	3 1 2020	
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25 		ot filed by April 1.			BY	(sed eye) a say	
Entity ID Number	2. Exact nam	ne of the Corporation	. <u>. </u>				
158857		SOUTH COUNTY WOODWORKS, INC					
3. Principal Office Address			City		State	Zip	
363 South Road			Wakefield		RI	02879	
4. NAICS Code 6. Brief description of the charac			cter of business co	onducted in Rhode Is	sland		
236115	Residential	Residential building construction					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names an	d addresses)			Check	the box to indi	cate an attachment	
President Name Stephen K. Rasmussen			Vice-President Name				
Street Address 363 South Road			Street Address				
City Wakefield	State RI	Zip 02879	City		State	Zip	
Secretary Name Stephen K. Ra	asmussen		Treasurer Nam	^e Stephen K. Rasm	ussen		
Street Address 363 South Roa	Street Address 363 South Road						
City Wakefield	State Ri	Zip 02879	City Wakefiel	d	State RI	^{Zip} 02879	
8. List ALL directors (names a	ind addresses)			Check	the box to indi	cate an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip ,	
9. Shares Authorized		10. Shares Is	sued	Check	the box to indi	I cate an attachment [_	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE			
		100		Common		, 0(
11. This report must be execu					ration is in the	hands of a receiver or	
trustee, this report must be ex Under penalty of perjury, I d					panying sch	edules and	
statements, and that all stat						· .	

DUMENT HERE

MAIL TO:

Division of Business Services

Stephen K. Rasmussen

Name of Authorized Representative

Signature of Authorized Representative

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017