



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

Annual Report for the year: 2020
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
 JAN 31 2020
 BY 4/27/20 DS

1. Entity ID Number 158857		2. Exact name of the Corporation SOUTH COUNTY WOODWORKS, INC				
3. Principal Office Address 363 South Road			City Wakefield	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 Wakefield	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 Wakefield	State RI	Zip 02879	City Wakefield	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	PAR VALUE	
		100		Common	.01	
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 1/28/20		
Signature of Authorized Representative 						

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