



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

STAMP
FILED

JAN 20 2021

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- 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 107583		2. Exact name of the Corporation S & Q ENTERPRISES LTD				BY _____	
3. Principal Office Address CO 2399 PAWTUCKET AVENUE			City EAST PROVIDENCE		State RI	Zip 02914	
4. NAICS Code 624410		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		Zip	
Secretary Name SAME			Treasurer Name SAME				
Street Address			Street Address				
City		State	Zip	City		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		Zip	
Director Name			Director Name				
Street Address			Street Address				
City		State	Zip	City		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	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. <i>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.</i>							
Name of Authorized Representative MARGARET QUINN					Date 1/15/2021		
Signature of Authorized Representative <i>Margaret Quinn</i>							