



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

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BY 5796
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| | | | | | |
|--|-----------------|---|--|------------------------|---------------------|
| 1. Entity ID Number 000158857 | | 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 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 | 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, President | | | | Date 3/15/23 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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