



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number <u>000821361</u>		2. Exact name of the Corporation <u>Scott Sales & Service Ltd</u>			
3. Principal Office Address <u>55 MINNESOTA AVE</u>		City <u>WARWICK</u>		State <u>RI.</u>	Zip <u>02888</u>
4. NAICS Code <u>23833</u>		6. Brief description of the character of business conducted in Rhode Island <u>FLOOR COVERING</u>			
5. State of Incorporation <u>RI.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>RONNY B. WARE</u>			Vice-President Name		
Street Address <u>217 PINE RIVER DR.</u>			Street Address		
City <u>NO KINGSTOWN</u>		State <u>R.I.</u>	Zip <u>02852</u>	City	
Secretary Name		Treasurer Name			
Street Address		Street Address			
City		State	Zip	City	
State		State			
Zip		Zip			
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>RONNY B. WARE</u>			Director Name		
Street Address <u>SAME AS ABOVE</u>			Street Address		
City		State	Zip	City	
State		State			
Zip		Zip			
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		State			
Zip		Zip			
9. Shares Authorized This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES <u>600</u>		CLASS/SERIES <u>CHP</u>
			PAR VALUE <u>\$0.00</u>		
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 <u>R B Ware Pres.</u>				Date <u>3/28/2023</u>	
Signature of Authorized Representative <u>Ronny B Ware Pres.</u>					

MAIL TO:

Division of Business Services

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