



State of Rhode Island  
Department of State - Business Services Division

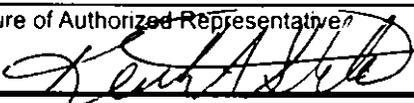
**FILED**

Annual Report for the year: 2024  
Corporation \_\_\_\_\_

FEB 20 2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 

1. Entity ID Number <b>001731082</b>		2. Exact name of the Corporation <b>SCF, INC.</b>	
3. Principal Office Address <b>298 Old County Road</b>		City <b>Smithfield</b>	State <b>RI</b>
		Zip <b>02917</b>	
4. NAICS Code <b>238330</b>	6. Brief description of the character of business conducted in Rhode Island <b>Install floor coverings/remodel</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Keith Stiles</b>		Vice-President Name <b>Keith Stiles</b>	
Street Address <b>298 Old County Road</b>		Street Address <b>298 Old County Road</b>	
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>
			State <b>RI</b>
			Zip <b>02917</b>
Secretary Name <b>Keith Stiles</b>		Treasurer Name <b>Keith Stiles</b>	
Street Address <b>298 Old County Road</b>		Street Address <b>298 Old County Road</b>	
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>
			State <b>RI</b>
			Zip <b>02917</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>None</b>		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES      CLASS/SERIES      PAR VALUE	
		<b>1000</b>	<b>Common</b>
		<b>No Par</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>Keith Stiles, President</b>			Date <b>2-9-24</b>
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