



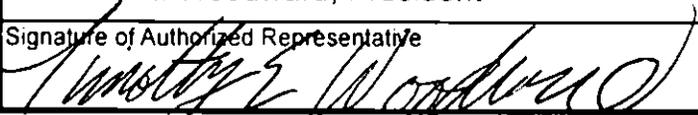
**State of Rhode Island
Department of State - Business Services Division**

**Annual Report for the year: 2024
Corporation**

APR 08 2024

2773

- Filing period: February 1 - May 1
- Filing Fee: \$50 00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 92121		2. Exact name of the Corporation TEW INC.			
3. Principal Office Address 202 New Meadow Road			City Barrington	State RI	Zip 02860
4. NAICS Code 812310		6. Brief description of the character of business conducted in Rhode Island Owning and operating a commercial laundromat.			
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 Timothy E. Woodward			Vice-President Name Sandra Woodward		
Street Address 202 New Meadow Road			Street Address 202 New Meadow Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Timothy E. Woodward			Treasurer Name Timothy E. Woodward		
Street Address 202 New Meadow Road			Street Address 202 New Meadow Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Timothy E. Woodward			Director Name		
Street Address 202 New Meadow Road			Street Address		
City Barrington	State RI	Zip 02806	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		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 Timothy E. Woodward, President				Date 3-31-24	
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