



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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
APR 23 2024
BY AF149

1. Entity ID Number <u>000 821361</u>		2. Exact name of the Corporation <u>SCOTT PAUL & SERVICE LTD</u>			
3. Principal Office Address <u>55 MINNUSOTA AVE</u>		City <u>Warwick</u>		State <u>R.I.</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>R.I.</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 AVE RIVER DR.</u>			Street Address		
City <u>NO KINGSTOWN</u>	State <u>R.I.</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	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>NAME AS ABOVE</u>			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 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		
			<u>600</u>	<u>CHP</u>	<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. <u>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.</u>					
Name of Authorized Representative <u>Ronny B Ware Pres.</u>					Date <u>3/20/2024</u>
Signature of Authorized Representative					