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

Annual Report for the year: 2024

Corporation

| F | ILED |
|------|---------|
| 4444 | |
| MAY | 17 2024 |
| BY | 1194 |
| | 11 19 |
| | .2) |

| → Penalty: Additional \$25.00 for | ee if form is not | filed by May 31. | | | | | | | |
|--|--|---------------------------------|---------------------|---------------------------|-----------------------------------|------------------------|-------------|--|--|
| 1. Entity ID Number | | of the Corporation | | <u> </u> | | | | | |
| 000107583 | S & Q ENTERPRISES LTD | | | | | | | | |
| 3. Principal Office Address | | <u> </u> | City | | State | ! | Zip | | |
| C/O 2399 PAWTUCKET A | | | EAST PROVIDENCE | | RI | | 02914 | | |
| 4. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | | | | |
| 6244 10 | DAY CARE AND RELATED SERVICES | | | | | | | | |
| 5. State of Incorporation | 1 | | | | | | | | |
| RHODE ISLAND | | | | | | | | | |
| 7. List ALL officers (names and add | lresses) | | · · · · · · | Check the t | ox to ind | lic <u>ate an atta</u> | achment 🗆 | | |
| President Name MARGARET C | ARET QUINN | | | Vice-President Name SAME | | | | | |
| Street Address 130 BRIARCLIF | 30 BRIARCLIFF AVENUE | | | Street Address | | | | | |
| City WARWICK | State RI | ^{Z_{ip}} 02889 | City | | State | | Zıp | | |
| Secretary Name SAME | • | <u> </u> | Treasurer Name SAME | | | | | | |
| Street Address | l Address | | | Street Address | | | | | |
| City | State | Zip | City | | State | | Zip | | |
| 8. List ALL directors (names and ac | idresses) | | 1 | Check the I | oox to inc | dicate an att | achment 🔲 | | |
| Director Name MARGART QUINN | | | Director Name | | | | | | |
| Street Address 130 BRIARCLIFF AVENUE | | Street Address | | | | | | | |
| City WARWICK | State RI | ^{Zip} 02889 | City | | State | | Zip | | |
| Director Name | | | Director Name | | | | | | |
| Street Address | | | Street Address | | | | | | |
| City | State | Zip | City | | State | | Zip | | |
| Shares Authorized | <u>.</u> | 10. Shares Issued Check | | | the box to indicate an attachment | | | | |
| This information is currently of record in the NUM | | NJMBER OF | | CLASS/SERI | · | | | | |
| Department of State. | | 100 | | COMMON | | NPV | | | |
| Changes require an additional filing. | | | | | | | | | |
| 11. This report must be executed or | n behalf of the co | orporation by an a | uthorized reg | presentative. If the corp | oration is | in the hand | Is of a re- | | |
| ceiver or trustee, this report must b | e executed on b | ehalf of the corpor | ation 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 | | | | Date | | | | | |
| MARGARET QUINN | | | | 01/02/2024 | | | | | |
| 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