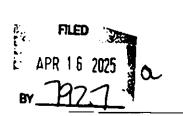


## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company** 

→ 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	2 Exact name of the Limited Lia	ability Company		
001764569		S & QUALI	TY WO	ODWORKS
3 NAICS Code 3 3 7 2 1 2  5 State of Formation 2	4. Brief description of the characteristic WOOらいい	cter of business conducted in Rho	odo Island	
6. Principal Office Address 46 MEM	DRIAL BLVD	City NEWPORT	State / 7 Z	<sup>Zip</sup> 02840
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		<u> </u>
Contact Name  [HEDDORE	CROY	Contact Title  OWNER		· ·
Street Address 31 M 1 D )	TLETON AVE	CITY NEWPORT	State RZ	2º02840
8 The Resident Agent information	n currently of record with the RI C	Department of State is accurate. (	hanges require f	iling Form 642
<ol> <li>Under penalty of perjury, I destatements, and that all statem</li> </ol>	oclare and affirm that I have exi ents contained herein are true	amined this report, including a and correct.	ny accompanyin	g schedules and
Name of Authorized Person THEDDOR		Date 04/12/25		
Signature of Authorized Person	e W. Cro	)		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov