



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED STAMP  
I. DEPT. OF STATE  
BUS SVCS DIV

25 MAY 21 A 9:43

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 02806	
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 RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Sandra L. Woodward		Vice-President Name Sandra L. Woodward	
Street Address 202 New Meadow Road		Street Address 202 New Meadow Road	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name Sandra L. Woodward		Treasurer Name Sandra L. Woodward	
Street Address 202 New Meadow Road		Street Address 202 New Meadow Road	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Sandra L. Woodward		Director Name	
Street Address 202 New Meadow Road		Street Address	
City Barrington	State RI	City	State
Zip 02806		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		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 Sandra L. Woodward, President			Date 5-17-25
Signature of Authorized Representative <i>Sandra L. Woodward</i>			FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

BY

MAY 21 2025

FORM 630- Revised: 12/2023