



Welcome to the Annual Refiling Survey

Industry Verification Form, BLS 3023-NVS
Form Approved, O.M.B. No. 1220-0032
Arkansas Division of Workforce Services
In cooperation with the U.S. Department of Labor.

Company Name:	SOPS INC
UI Account Number:	0440444444
RUN:	00004
State:	Arkansas

This report is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely.

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The purpose of this report is to update information on your products or services. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to this business location and that our records contain the correct name and address. The information collected on the form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law.

Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 to 10 minutes per account. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, please contact your State Agency which is located at the bottom of this page. You are not required to respond to the collection of information unless it displays a currently valid O.M.B. number. The O.M.B. control number for this survey is 1220-0032 and it expires on XXXXXXXX.

If you have questions or comments, please send e-mail to: AnnualRefilingSurvey@bls.gov

Version: 4.1.1

If you have questions about the Annual Refiling Survey, please contact:

Arkansas Division of Workforce Services
BLS Programs
PO Box 2981

Little Rock AR 72203-2981
(501) 682-6581 501-682-3196 FAX: (501)682-2942

Address and Contact Verification Page

☐ This firm is OUT OF BUSINESS in Arizona. Date of closure :

mm/dd/yyyy



Company Name: SOPS INC
UI Account Number: 0770777771
RUN: 00007
State: Arizona

Please review the information below, and make corrections where needed.

(*Required Field)

Business Mailing Address

Please review the address below. If the information is incorrect please enter updated information.

Legal Name : SOPS INC 

Trade Name : SHARON'S LLC 

***Street Address :** 1 MAIN STREET 

Additional Address Information : STE 4 

***City :** BILLINGS 

***State:** MT 

***Zip Code :** 59101 1000 

Physical Location Address

Please review the street address below. This address is used to assign a county to this business for statistical purposes. Please make every effort to provide a physical location street address and county that best represents where employees are physically located in this state. If there is no physical location within the state (e.g. all workers are teleworkers), enter a street address (no P.O. Boxes) for your business in the county that represents the largest share of workers.

Copy Business Mailing Address

***Street Address :** 22 FIRST STREET 

Additional Address Information : 

***City :** BOLTON 

State: AZ 

***Zip Code :** 90210 

☐ This business has more than one physical location in Arizona. Do not count client sites or offsite projects that will last less than a year. 

☐ This business has no physical location address in Arizona and there is no county where a majority of business is conducted in Arizona 

Please select the County, Township, Island, or Parish where your business is physically located. If you do not know it or it is not listed, please check the box below.

***County :** Not applicable 

☐ I don't know my County or I don't see my County listed above.

Contact Information

Please provide your contact information.

***Contact Name :** 

***Phone Number :**

***Contact Email :**

***Confirm Email :**

[Previous](#)

[Save and Continue](#)

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Version: 4.1.1

If you have questions about the Annual Refiling Survey, please contact:

Arizona Department of Administration
Office of Employment and Population Statistics
PO Box 6029

Phoenix AZ 85005-9860
(602) 771-1110 (800) 321-0381 FAX: (602) 771-1207

Additional Physical Location(s)

Please enter information for your additional worksites in the boxes provided. Do not include P.O. Box or out of State addresses.

(*Required Field)

Company Name: SOPS INC
UI Account Number: 0770777771
RUN: 00007
State: Arizona

*Trade Name : ⓘ

*Street Address : ⓘ

*City : ⓘ

*State: AZ ⓘ

*Zip Code : ⓘ

*County : ⓘ

*Approx. # of Employees : ⓘ

*Worksite Description : ⓘ

*Main Business Activity : ⓘ

[Add Another Location](#)

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[Save and Continue](#)

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Main Business Activity

Please review the description of your main business activities, goods, products, or services in this State. This is a general description of your main business activity and may not be an exact match. There may be activities listed in which you do not participate. If the information displayed below is correct for a majority of your business, please check "YES". If it is incorrect for a majority of your business, please check "NO" and click the "Save and Continue" button.

Company Name: SOPS INC
UI Account Number: 0770777771
RUN: 00007
State: Arizona

Support Activities for Forestry

This industry comprises establishments primarily engaged in performing particular support activities related to timber production, wood technology, forestry economics and marketing, and forest protection. These establishments may provide support activities for forestry, such as estimating timber, forest firefighting, forest pest control, treating burned forests from the air for reforestation or on an emergency basis, and consulting on wood attributes and reforestation.

115310

*While your business may not be engaged in all of the economic activities listed above, does the description above accurately include your main business activity during the past 12 months?

- ☐ YES, the Main Business Activity selected above accurately represents my business.
- ☐ NO, I am unable to find an applicable Main Business Activity description.

If you answer 'NO' you will be able to choose your correct economic activity on the next page.

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Main Business Activity Selection

Step 1: Search for your Main Business Activity.

Type in a key word, click "Search", and select the Main Business Activity that most accurately reflects your business. Simple key words work best (ex. If your business is a fast food restaurant, type "restaurant" into the search box.) The results displayed will be a general description and may not be an exact match. There may be activities listed in which you do not participate, and some of your business's activities may not be listed. If the description is generally correct for a majority of your business, please check "YES" in Step 2, and if it is incorrect for a majority of your business, please check "NO" in Step 2 and proceed to Step 3.

Company Name: SOPS INC
UI Account Number: 0770777771
RUN: 00007
State: Arizona

Type your key word search:

Step 2: Verify your Main Business Activity.

*While your business may not be engaged in all of the activities listed above, and some activities may be slightly different, does the selection above generally describe your main business activity during the past 12 months?

- ☐ YES, the Main Business Activity selected above accurately represents my business.
- ☐ NO, I am unable to find an applicable Main Business Activity description.

Step 3: Describe your Main Business Activity.

*Please help us verify your selection in Step 2 by entering a brief description of your main business activities, goods, products, or services in this state, as though you were telling a prospective employee what you do. In addition, please provide the approximate percentage of sales or revenues resulting for each description. Percentages should total 100%.

If this establishment is comprised of remote employees only, please provide a general description of the remote employees job activities so that an industry code can be assigned to this establishment. (Maximum 255 Characters)

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Summary Page

Attention: Your report is not yet submitted. You must click the "Submit Data to BLS" button at the bottom of this page to submit your data to BLS.

This is a summary of the data that you are about to submit. If you are satisfied with the information below, please click the "Submit Data to BLS" button. If you need to make any changes, please click the "Edit" link to return to the appropriate screen.

Please remember to print this page for your records.

[Print](#)

Company Name: SOPS INC
UI Account Number: 0770777771
RUN: 00007
State: Arizona

Main Business Activity

Industry Verification :

[Edit](#)

Convenience Retailers

This U.S. industry comprises establishments primarily engaged in retailing a limited line of groceries that generally includes milk, bread, soda, and snacks, such as convenience stores or food marts (except those operating fuel pumps).

445131

Business Activity Description :

convenience store

Contact and Address Information

Business Mailing Address

[Edit](#)

Legal Name : SOPS INC
Trade Name : SHARON'S LLC
Street Address : 1 MAIN STREET
Additional Address Information : STE 4
City : BILLINGS
State: MT
Zip Code : 59101 1000

Physical Location Address

Street Address : 22 FIRST STREET
Additional Address Information :
City : BOLTON
State: AZ
Zip Code : 90210
County : Not applicable
Explanation:

Contact Information

Contact Name : Sharon Stang
Contact Phone : (111) 222 - 3333
Contact Email : stang.sharon@bls.gov

[Submit Data to BLS](#)

Company Name:	SOPS INC
UI Account Number:	0770777771
RUN:	00007
State:	Arizona

Thank you for reporting your data!

Your data were received by BLS on Nov 2, 2023 at 12:15:05 PM

You have successfully submitted data for the Annual Refiling Survey. You may wish to print a copy of your submission for your records.

[Print](#)

If you have additional UI accounts to report online, you can return to the [login screen](#).

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