



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>37787</b>		2. Exact name of the Corporation <b>Q INCORPORATED</b>		
3. Principal office address <b>233 POST ROAD</b>		City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
4. Business Phone No. <b>401-322-0588</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>RETAIL SALES OF DISTILLED SPIRITS, BEER AND WINE</b>				
<b>LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
President Name <b>FRANCIS A QUATTROMANI</b>		Vice-President Name <b>MICHAEL QUATTROMANI</b>		
Street Address <b>71 SHERWOOD DRIVE</b>		Street Address <b>51 MANNING STREET</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Secretary Name <b>MICHAEL QUATTROMANI</b>		Treasurer Name <b>FRANCIS QUATTROMANI</b>		
Street Address <b>51 MANNING STREET</b>		Street Address <b>71 SHERWOOD DRIVE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>WESTERLY</b>	State <b>RI</b>
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>400 SHARES</b>	<b>COMMON</b>	<b>NO PAR</b>

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

**FILED**  
**JUN 25 2012**

By

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.

Signature of Authorized Representative

Date

**FRANCIS QUATTROMANI**

Print or Type Name of Authorized Representative