

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

Filing Perlod: 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.

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Entity ID No.	į.	2. Exact name of the Corporation				
37787	Q INC	ORPORATED				
3. Principal office address 233 POST ROAD			City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401-322-0588			5. State of Incorporation Rhode Island			
•		s conducted in Rhode Islan IRITS, LIQUOR,BEEI				
, est al loffeers	NAMES AND ACID	IE8SES) ("X":BOX FORA	TIAGHMENT).			
President Name Francis A Quattromani			Vice-President Name Michael Quattromani			
Street Address 71 Sherwood Drive			Street Address 51 Manning Street			
City Westerly	State RI	Zip 02891	City Providence	State RI	Zip 02906	
Secretary Name Michael Quattromani			Treasurer Name Francis Quattromani			
Street Address 51 Manning Street			Street Address 71 Sherwood Drive			
City Providence	State RI	Zip 02906	City Westerly	State RI	Zip 02891	
B. LIST <u>ALL</u> DIRECTORS	(NAMES AND AD	HESSES ("X" BOX FOR	ATTACHMENT)			
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name None			Director Name None			
Street Address		- , ,	Street Address			
City	State	Zip	City	State	Zip	
SHARES AUTHORIZET			10. SHARES ISSUEC	("XEBOX FOR ATTAG	HMENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			400 Shares	Common	No Par	
This report must be execu	ited on behalf of the this report mu	corporation by an authorize st be electric or b half of	ed representative. If the c the corporation by the re	orporation is in the hand eceiver or trustee.	ds of a receiver or trustee,	
			Under penalty of pe	erjury, I declare and affi	irm that I have examined	

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FOR SECRETARY OF STA Form No. 630	TE USE ONLY	#1458
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this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Francis Quattromani

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012