



**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 **2014**

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.<br><b>37787</b>   |                    | 2. Exact name of the Corporation<br><b>Q Incorporated</b> |  |                    |                     |             |
| 3. Principal office address<br><b>233 Post Road</b>  |                    |   | City<br><b>Westerly</b>  | State<br><b>RI</b> | Zip<br><b>02891</b> |             |
| 4. Business Phone No.<br><b>401-322-0588</b>   |                    |   | 5. State of Incorporation<br><b>Rhode Island</b>                           |                    |                     |             |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Retail Sales of Distilled Spirits, Wine, and Beer.</b>                   |                    |   |  |                    |                     |             |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |   |  |                    |                     |             |
| President Name<br><b>A. Francis Quattromani</b>  |                    |   | Vice-President Name<br><b>Michael Quattromani</b>                          |                    |                     |             |
| Street Address<br><b>71 Sherwood Drive</b>   |                    |   | Street Address<br><b>51 Manning Street</b>                                 |                    |                     |             |
| City<br><b>Westerly</b>  | State<br><b>RI</b> | Zip<br><b>02891</b>                                       | City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b> |             |
| Secretary Name<br><b>Michael Quattromani</b>   |                    |   | Treasurer Name<br><b>A. Francis Quattromani</b>                            |                    |                     |             |
| Street Address<br><b>51 Manning Street</b>   |                    |   | Street Address<br><b>71 Sherwood Drive</b>                                 |                    |                     |             |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>                                       | City<br><b>Westerly</b>  | State<br><b>RI</b> | Zip<br><b>02891</b> |             |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>   |                    |   |  |                    |                     |             |
| Director Name<br><b>none</b>   |                    |   | Director Name<br><b>none</b>   |                    |                     |             |
| Street Address   |                    |   | Street Address   |                    |                     |             |
| City   | State              | Zip   | City   | State              | Zip                 |             |
| Director Name<br><b>none</b>   |                    |   | Director Name<br><b>none</b>   |                    |                     |             |
| Street Address   |                    |   | Street Address   |                    |                     |             |
| City   | State              | Zip   | City   | State              | Zip                 |             |
| <b>9. SHARES AUTHORIZED</b>  |                    |   | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |                     |             |
| 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   |
|  |                    |   |  | 400 shares         | common              | no par 2014 |

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**

MAY 30 2014

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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.

*Francis Quattromani* 5/27/14  
 Signature of Authorized Representative Date

**A. FRANCIS QUATTROMANI**

Print or Type Name of Authorized Representative