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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name o	f the Corporation					
37787	Q Incorporated						
Principal Office Address			City		State	Zip	
233 Post Road			Westerly		RI	02891	
			Wooden'y				
4. Business Phone Number			5. State of incorporation				
401-322-0588			Rhode Island				
6. Brief description of the character of business conducted in Rhode Island							
Retail Sales of Distilled S	Spirits, Wine , a	nd Beer					
7. List ALL officers (names and addresses)  Check the box to indicate an attack						dicate an attachment 🔲	
President Name A. Francis Quattromani			Vice-President Name Michael Quattromani				
Street Address 71 Sherwood Drive			Street Address 51 Manning Street				
City Westerly	State RI	<sup>Zip</sup> 02891	City Provid	ence	State RI	<sup>Zip</sup> 02904	
Secretary Name Michael Quattromani		Treasurer Name Frederick Quattromani					
Street Address 51 Manning Street			Street Address 2 Shoreline Drive				
City Providence	State RI	<sup>Zip</sup> 02904	City Wester	ly	State RI	<sup>Zip</sup> 02891	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment						dicate an attachment 🔲	
Director Name none			Director Name none				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	·		10. 0110.00 100000		heck the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER O	NUMBER OF SHARES CLASS/SERIES PAR VALUE			PAR VALUE	
		400		common		no par	
Changes require an additional							
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.							
News - 6 Authorized Concentrative							
ETANCIS QUATTROMANI 1/12/16							
Signature of Authorized Representative							
Signature of Authorized Representative  Thank Superior Company  Thank Superior							

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

JUL 19 2016

FORM 630 - Revised: 05/2016