



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

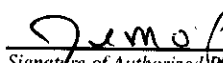
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 508321		2. Exact name of the limited liability company Alchemical Quality Assurance, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Consulting			
5. Principal office address 52 Carlton Street		City Cranston	State RI	Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joel M. O'Connor			Contact Title Manager		
Street Address 52 Carlton Street		City Cranston	State RI	Zip 02910	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Joel M. O'Connor			Manager Name		
Street Address 52 Carlton Street			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name John S. DiBona, Esq.			Address 145 PHENIX AVENUE		
Address			City CRANSTON	Zip 02920	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

508321
FILED

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.

 9/20/ 2011
Signature of Authorized Person Date
Joel M. O'Connor, Manager
Print or Type Name of Authorized Person

File Date	SEP 29 2011
Check No.	RV 1090
By:	
FOR SECRETARY OF STATE USE ONLY	