



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. 20960		2. Exact name of the Corporation QUALITY STAMPINGS, INC.			
3. Principal office address 1205 Westminster Street		City Providence	State RI	Zip 02909	
4. Business Phone No. 272-7760		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Hub and die cutting, jewelry manufacturing tool and die related lines					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald J. Medeiros			Vice-President Name Anthony DiMeo, Jr.		
Street Address 1205 Westminster Street			Street Address 561 Hartford Pike		
City Providence	State RI	Zip 02909	City N. Scituate	State RI	Zip 02857
Secretary Name Ronald J. Medeiros			Treasurer Name Ronald J. Medeiros		
Street Address 1205 Westminster Street			Street Address 1205 Westminster Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ronald J. Medeiros			Director Name		
Street Address 1205 Westminster Street			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 Common No 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.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
500		Common		No Par Value	

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: _____

FILED

MAR 06 2012

By MMS

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 Ronald J. Medeiros, Pres Date 2/27/12

FOR SECRETARY OF STATE USE ONLY

Ronald J. Medeiros, President
Print or Type Name of Authorized Representative

CU# 12379