



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1 Entity ID No. 486126		2 Exact name of the Corporation Quota International Of Woonsocket			
3 State of Incorporation RI		4 Brief description of the character of business conducted in Rhode Island Raise funds for Disadvantage women & children, Hearing and Speech Special needs. Expend Funds to Serve country and community services.			
5 Principal office address C/O Raymond Gaboury 70 Aylsworth Avenue		City Woonsocket		State RI	Zip 02896
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alexis Dupre Harnois			Vice-President Name Jeanne Brennan		
Street Address 243 Fisher Street			Street Address 10 Bellevue Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Raymond Gaboury			Treasurer Name Debbie Eaton		
Street Address 80 Aylsworth Avenue			Street Address 143 Lydia Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Constance Plotkin			Director Name Priscilla Marchand		
Street Address 818 Knollwood Drive			Street Address 24 Nursery Avenue		
City Woonsocket,	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Joyce Cardin			Director Name Irene Heroux		
Street Address 10 Barberry Hill Road			Street Address 66 Social Street Apt E		
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 21 2013

File Date _____

Check No _____ By *mm*

By: *CR # 1712*

FOR SECRETARY OF STATE USE ONLY

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.

Raymond Gaboury *6-4-13*
Signature of Officer Date

Raymond Gaboury Secretary
Print or Type Name of Officer

Title of Officer