



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. 124434		2. Exact name of the Corporation INQUERY, INC.			
3. Principal office address 1643 WARWICK AVE, 314			City WARWICK	State RI	Zip 02889
4. Business Phone No. 401-742-9627			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island INFORMATION TECHNOLOGY CONSULTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DAVID A. LA VECCHIA			Vice-President Name GABRIEL MATTESON		
Street Address 3192 BAYVIEW LANE			Street Address 160 SHEFFIELD HILL ROAD		
City ST. CLOUD	State FL	Zip 34772	City EXETER	State RI	Zip 02822
Secretary Name MICHAEL MATTESON			Treasurer Name GABRIEL MATTESON		
Street Address 160 SHEFFIELD HILL ROAD			Street Address 160 SHEFFIELD HILL ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DAVID A. LA VECCHIA			Director Name GABRIEL MATTESON		
Street Address 3192 BAYVIEW LANE			Street Address 160 SHEFFIELD HILL ROAD		
City ST. CLOUD	State FL	Zip 34772	City EXETER	State RI	Zip 02822
Director Name MICHAEL MATTESON			Director Name		
Street Address 160 SHEFFIELD HILL ROAD			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
9. SHARES AUTHORIZED					
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
			100	COMMON	NPV

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 _____
 On _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 18 2014

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.

David La Vecchia 2/18/14
 Signature of Authorized Representative Date

DAVID A. LA VECCHIA

Print or Type Name of Authorized Representative

By 11600