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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

RECEIVED
2015 JAN 14 AM 10:24
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the limited liability company		
113264	QUANTUM BUILDERS & DEVELOPMENT, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	DEVELOPE REAL ESTATE		
5. Principal office address	City	State	Zip
6 LORI-ELLEN DRIVE	SMITHFIELD	RI	02917

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
STEVEN V. FERRI	MANAGER		
Street Address	City	State	Zip
2 PELHAM PARKWAY	NORTH PROVIDENCE	RI	02911

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
JAMES A. MUNIO			STEVEN V. FERRI		
Street Address			Street Address		
6 LORI-ELLEN DRIVE			2 PELHAM PARKWAY		
City	State	Zip	City	State	Zip
SMITHFIELD	RI	02917	NORTH PROVIDENCE	RI	02911
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
JAN 14 2015
BY KL24037
10:25

File Date _____
Check No _____
By: _____
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.

Steven V Ferri 1-14-15
Signature of Authorized Person Date

STEVEN V. FERRI
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012