RI SOS Filing Number: 201553900100 Date: 01/16/2015 4:00 PM

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 2015

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.	2. Exact name of the Corporation			
000139722	Health Quote of R.I. INC.			
3. Principal office address		City	State	Zip
32 Spruce CT		Wakefield	RI	02879
4. Business Phone No.		5. State of Incorporation		
401-783-6193		R.I.		
6. Brief description of the character of business conducted in Rhode Island				
Health Insurance Sales				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Carl Schmitt	32 Spruce CT	Wakefield	RI	02879

Vice-President Name	Street Address	City	State	Zip
Kathleen Schmitt	32 Spruce CT	Wakefield	RI	02879

Secretary Name	Street Address	City	State	Zip
Carl Schmitt	32 Spruce CT	Wakefield	RI	02879

Treasurer Name	Street Address	City	State	Zip
Carl Schmitt	32 Spruce CT	Wakefield	RI	02879

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
None				
None				
None				
None				

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100.00	0	~~1.000~~ 1.0

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
JAN 16 2015

FOR SECRETARY OF STATE USE ONLY 2199

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.

Carl Schmitt — Signature of Authorized Representative — 1/14/2015 Date

Carl Schmitt — Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

115793-32-1007658