



**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. <u>000139722</u>		2. Exact name of the Corporation <u>Health Quote of R.I. INC.</u>	
3. Principal office address <u>32 Spruce CT</u>		City <u>wakefield</u>	State <u>RI</u>
		Zip <u>02879</u>	
4. Business Phone No. <u>401-783-6193</u>		5. State of Incorporation <u>R.I.</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Health Insurance Sales</u>			
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
President Name <u>Carl Schmitt</u>		Vice-President Name <u>Kathleen Schmitt</u>	
Street Address <u>32 Spruce CT</u>		Street Address <u>32 Spruce CT</u>	
City <u>wakefield</u>	State <u>RI</u>	City <u>wakefield</u>	State <u>RI</u>
Secretary Name <u>Carl Schmitt</u>		Treasurer Name <u>Carl Schmitt</u>	
Street Address <u>32 Spruce CT</u>		Street Address <u>32 Spruce CT</u>	
City <u>wakefield</u>	State <u>RI</u>	City <u>wakefield</u>	State <u>RI</u>
Zip <u>02879</u>		Zip <u>02879</u>	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>None</u>		Director Name <u>None</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>	
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.			
NUMBER OF SHARES <u>100.00</u>		CLASS/SERIES <u>0</u>	PAR VALUE <u>1.0</u>

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

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 1/14/2015  
 Signature of Authorized Representative Date

Carl Schmitt  
 Print or Type Name of Authorized Representative

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