



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 2016

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. 83895		2. Exact name of the Corporation QUAKER WEST CORP.			
3. Principal office address 10 INDUSTRIAL WAY		City AMESBURY	State MA.	Zip 01913	
4. Business Phone No. 978-834-9280		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT BENDETSON			Vice-President Name JO ANN BENDETSON		
Street Address 10 INDUSTRIAL WA			Street Address SAME		
City AMESBURY	State MA	Zip 01913	City	State	Zip
Secretary Name ROBERT BENDETSON			Treasurer Name ROBERT BENDETSON		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT BENDETSON			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			1,000	COMMON	NONE

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:

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 22 2016

Form No. 630
Revised: 01/2012

By: 270 596

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.

Signature of Authorized Representative

Date

ROBERT BENDETSON, PRES.
Print or Type Name of Authorized Representative