1	
(B)	State of Rhode Island ar. Pince Plantations Department of State - Business Services Division

Annual Report for the year: 2016 **Limited Liability Company**

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Quantum 4. Brief d	n Consulting S	nited Liability Company			
Quantum 4. Brief d	n Consulting S				
4. Brief d		Quantum Consulting Services, LLC			
. [Brief description of the character of business conducted in Rhode Island				
Business Consulting					
1	•				
-		10%			
6. Principal Office Address 1478 Atwood Avenue, Suite 202			State	Zip	
			RI	02919	
ibility Comp	any and Name				
		Contact Title Sole Member			
Street Address 1478 Atwood Avenue, Suite 202			State RI	^{Zip} 02919	
nd addresse	s) of the Limiter	Liability Company IE ADDLIO	- T	02919	
	,	Manager Name	BLE - DO NOT LIST	MEMBERS	
Street Address City State Zin			Street Address		
State	Zip	City	State	Zip	
		Manager Name			
<u> </u>					
		Street Address			
ity State Zip					
			State	Zip	
			Check the box to in	idicate an attachment	
. This inform	ation is currently of	of record with the Department of Sta			
ire and affil ints contail	m that I have one in the control of	examined this report, including	g any accompanying	schedules and	
		and correct.			
aymond F. Bruzzese					
			09/20/20	16 	
(1-) -	SIGNE	OCUMENT HERE			
1		Chant 2 T Azer			
		 .			
	ability Comp zese, CPA enue, Suite and addresse State	ability Company and Name of zese, CPA Ponue, Suite 202 and addresses) of the Limited State Zip State Zip A. This information is currently of the and affirm that I have ents contained herein are	Ability Company and Name or Title of Contact Person Contact Title Sole Members Penue, Suite 202 City Johnston Manager Name Street Address State Zip City Manager Name Street Address State Zip City Manager Name City City City City City Manager Name City City	Ability Company and Name or Title of Contact Person Zese, CPA Contact Title Sole Member City Johnston State RI And addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST Manager Name Street Address State Zip City State Manager Name Street Address State Zip City State Check the box to interest and affirm that I have examined this report, including any accompanying ents contained herein are true and correct. Date 09/20/20	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov rici