



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 798393		2. Exact name of the Corporation QUICK AND EASY MARKETING CORP.			
3. Principal Office Address 26A CONANICUT ROAD		City NARRAGANSETT		State RI	Zip 02882
4. NAICS Code 81 - Other Services (except)	6. Brief description of the character of business conducted in Rhode Island MARKETING COMPANY FOR MORTGAGE BROKERS				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LYLE F MACLENNAN			Vice-President Name NONE		
Street Address 26A CONANICUT ROAD			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		COMMON		NO PAR VALUE	
11. 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.					
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.					
Name of Authorized Representative <i>Lyle MacLennan</i>					Date <i>2/1/17</i>
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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Website: www.sos.ri.gov

BY

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