



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 36932		2. Exact name of the Corporation Independent Quality Labs, Inc.			
3. Principal Office Address 98 Beach Street		City Westerly	State RI	Zip 02891	
4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island IQL provides machine tool calibration products (hardware and software), as well as services (evaluation and correction) and training.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert P. Callaghan			Vice-President Name Laurie J. Callaghan		
Street Address 98 Beach Street			Street Address 98 Beach Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Laurie J. Callaghan			Treasurer Name Robert P. Callaghan		
Street Address 98 Beach Street			Street Address 98 Beach Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert P. Callaghan			Director Name Laurie J. Callaghan		
Street Address 98 Beach Street			Street Address 98 Beach Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		4242		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 Robert P. Callaghan				Date 2/28/17	
Signature of Authorized Representative <i>Robert P. Callaghan</i>					

FILED
 MAR 13 2017
 BY *12986*