



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 APR 21 PM 2:12

Annual Report for the year: 2016
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 486126		2. Exact name of the Corporation QUOTA INTERNATIONAL OF Woonsocket			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island NON PROFIT CHARITABLE ORGANIZATION			
5. Principal Office Address P.O. Box 904			City Woonsocket	State R.I.	Zip 02895
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeanne Brennan			Vice-President Name N/A		
Street Address Bellevue Ave.			Street Address		
City Woon	State RI	Zip 02895	City	State	Zip
Secretary Name Judith Poutat Lucille Gronchowski			Treasurer Name BARRAINE PROVENCER		
Street Address 42 CADY ST.			Street Address 33 Beausoleil St.		
City Woonsocket Woon	State RI	Zip 02895 02895	City Woonsocket	State R.I.	Zip 02895
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A CAROL RUSSO			Director Name N/A LISA BRUNI		
Street Address 123 Bellevue Ave.			Street Address 500 MANDON RD - UNIT 301		
City No Smith	State RI	Zip 02896	City CUMPERTON	State RI	Zip 02864
Director Name N/A RITA PICARD			Director Name N/A		
Street Address 80 CENTRAL ST.			Street Address		
City MANVILLE	State RI	Zip 02838	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Barraine Provencer, Treasurer					Date 1/31/17 4/21/17
Signature of Officer/Authorized Representative					

SIGN DOCUMENT HERE

FILED

APR 21 2017

BY le 301666
 2:13

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov