



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

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CORPORATIONS DIV.  
2018 FEB 16 PM 3:38

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No <b>653460</b>		2. Exact name of the limited liability company <b>Q &amp; A EFFICIENCIES AND LOGISTICS LLC</b>			
3. State of Formation <b>05/13/2011</b>		4. Brief description of the character of business conducted in Rhode Island <b>CONSULTING BUSINESS TO BUSINESS</b> <i># 541614</i>			
5. Principal office address <b>102 BLACKAMORE AVE.</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02910</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>THOMAS J. AUSLEY II</b>		Contact Title <b>CEO</b>			
Street Address <b>102 BLACKAMORE AVE.</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02910</b>
7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**FEB 16 2018**

BY *324506*

*3:38*

File Date _____
Check No _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

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.

*Thomas J. Ausley II*  
Signature of Authorized Person  
**THOMAS J. AUSLEY II**  
Print or Type Name of Authorized Person  
Date **02/08/2018**