



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  
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 SECRETARY OF STATE  
 CORPORATION DIV  
 2018 FEB 16 3:37 PM

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011**

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.<br><b>653460</b>   |       | 2. Exact name of the limited liability company<br><b>Q &amp; A EFFICIENCIES AND LOGISTICS LLC</b>                              |                    |                     |     |
| 3. State of Formation<br><b>05/13/2011</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>CONSULTING BUSINESS TO BUSINESS # 541614</b> |                    |                     |     |
| 5. Principal office address<br><b>102 BLACKAMORE AVE.</b>   |       | City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02910</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |  |                    |                     |     |
| Contact Name<br><b>THOMAS J. AUSLEY II</b>  |       | Contact Title<br><b>CEO</b>  |                    |                     |     |
| Street Address<br><b>102 BLACKAMORE AVE.</b>  |       | City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02910</b> |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |  |                    |                     |     |
| 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 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |  |                    |                     |     |
| 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 3137

File Date \_\_\_\_\_  
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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.

*[Signature]* **02/08/2018**  
 Signature of Authorized Person Date  
**THOMAS J. AUSLEY II**  
 Print or Typo Name of Authorized Person