



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2018

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 20960		2. Exact name of the Corporation QUALITY STAMPINGS, INC.												
3. Principal Office Address 1205 Westminster Street			City Providence	State RI	Zip 02909									
4. NAICS Code 316210		6. Brief description of the character of business conducted in Rhode Island Hub and die cutting, jewelry manufacturing, tool and die related lines.												
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 Ronald J. Medeiros			Vice-President Name Anthony DiMeo, Jr.											
Street Address 1205 Westminster Street			Street Address 561 Hartford Pike											
City Providence	State RI	Zip 02909	City N. Scituate	State RI	Zip 02857									
Secretary Name Ronald J. Medeiros			Treasurer Name Ronald J. Medeiros											
Street Address 1205 Westminster Street			Street Address 1205 Westminster Street											
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Ronald J. Medeiros			Director Name											
Street Address 1205 Westminster Street			Street Address											
City Providence	State RI	Zip 02909	City	State	Zip									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SES	PAR VALUE	500	Common	No Par Value			
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500	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 Ronald J. Medeiros, President					Date 2-14-18									
Signature of Authorized Representative 					FILED FEB 26 2018 15177									

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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