



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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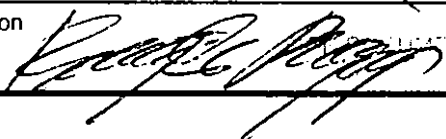
Annual Report for the year: 2018

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |             |                                                                                            |                         |                    |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------|-------------------------|--------------------|--------------|
| 1. Entity ID Number<br><b>99288</b>                                                                                                                                                                         |             | 2. Exact name of the Limited Liability Company<br><b>QPS ASSOCIATES, LLC</b>               |                         |                    |              |
| 3. NAICS Code<br>531120                                                                                                                                                                                     |             | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE |                         |                    |              |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                       |             |                                                                                            |                         |                    |              |
| 6. Principal Office Address<br>50 WHITECAP DRIVE, SUITE 102                                                                                                                                                 |             |                                                                                            | City<br>NORTH KINGSTOWN | State<br>RI        | Zip<br>02852 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |             |                                                                                            |                         |                    |              |
| Contact Name<br>DOUGLAS B. RIGGS                                                                                                                                                                            |             |                                                                                            | Contact Title           |                    |              |
| Street Address<br>50 WHITECAP DRIVE, SUITE 102                                                                                                                                                              |             |                                                                                            | City<br>NORTH KINGSTOWN | State<br>RI        | Zip<br>02852 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |             |                                                                                            |                         |                    |              |
| Manager Name<br>DOUGLAS B. RIGGS                                                                                                                                                                            |             |                                                                                            | Manager Name            |                    |              |
| Street Address<br>50 WHITECAP DRIVE, SUITE 102                                                                                                                                                              |             |                                                                                            | Street Address          |                    |              |
| City<br>NORTH KINGSTOWN                                                                                                                                                                                     | State<br>RI | Zip<br>02852                                                                               | City                    | State              | Zip          |
| Manager Name                                                                                                                                                                                                |             |                                                                                            | Manager Name            |                    |              |
| Street Address                                                                                                                                                                                              |             |                                                                                            | Street Address          |                    |              |
| City                                                                                                                                                                                                        | State       | Zip                                                                                        | City                    | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |             |                                                                                            |                         |                    |              |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |             |                                                                                            |                         |                    |              |
| <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.</b> |             |                                                                                            |                         |                    |              |
| Name of Authorized Person<br>DOUGLAS B. RIGGS                                                                                                                                                               |             |                                                                                            |                         | Date<br>09/05/2018 |              |
| Signature of Authorized Person                                                                                           |             |                                                                                            |                         |                    |              |

## MAIL TO:

Division of Business Services

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FILED

SEP 28 2018

BY

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FORM 632 - Revised: 10/2017