



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

FILED

JAN 07 2019

Annual Report for the year: 2019
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 2753

1. Entity ID Number 000139722		2. Exact name of the Corporation Health Quote of R.I. Inc.			
3. Principal Office Address 32 Spruce CT		City Wakefield		State RI	Zip 02879
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Insurance Broker			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carl T. Schmitt			Vice-President Name Kathleen M. Schmitt		
Street Address 32 Spruce CT			Street Address 32 Spruce CT		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	class A	1.00
			-	-	-
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 Carl T. Schmitt					Date 1/31/2019
Signature of Authorized Representative Carl Schmitt <small>SIGN DOCUMENT HERE</small>					