



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

Annual Report for the year: 2019
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$60.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | |
|---|--|---|--------------------------|
| 1. Entity ID Number 83895 | | 2. Exact name of the Corporation QUAKER WEST CORP | |
| 3. Principal Office Address 10 INDUSTRIAL WAY | | City AMESBURY | State MA |
| | | Zip 01913 | |
| 4. NAICS Code 531390 | 5. State of Incorporation RI | | |
| 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name ROBERT BENDETSON | | Vice-President Name ROBERT BENDETSON | |
| Street Address SAME | | Street Address SAME | |
| City | State | City | State |
| | | | |
| Secretary Name ROBERT BENDETSON | | Treasurer Name ROBERT BENDETSON | |
| Street Address SAME | | Street Address SAME | |
| City | State | City | State |
| | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name ROBERT BENDETSON | | Director Name | |
| Street Address SAME | | Street Address | |
| City | State | City | State |
| | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| 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. | | NUMBER OF SHARES | |
| Changes require an additional filing. | | CLASSIFIED | |
| | | PAR VALUE | |
| | | 1,000 | COMMON |
| | | | NONE |
| 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 ROBERT BENDETSON, PRES. | | | Date 1/15/2019 |
| Signature of Authorized Representative | | | FILED |

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