RI SOS Filing Number: 201985166970 Date: 1/24/2019 4:00:00 PM

(FR)

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 \$50.00

→ Penalty: Additional \$25.00		<u> </u>	<u>.</u>			<u> </u>	
1. Entity ID Number 1669747		2. Exact name of the Corporation HIGH REZ CONSULTING, INC.					
3 Principal Office Address	<u> </u>		City		State	Zip	
67 BEACON AVENUE			JAMESTOWN		RI	02835	
4 NAICS Code 5 State of Incorporation RHODE ISLAND	6 Brief descr	ption of the charac	ter of business co	nducted in Rhode	Island		
7 List ALL officers (names and a					the box to 1	ndicate an attachment	
President Name DENNIS A. QUELCH			Vice-President Name NONE				
Street Address 67 BEACON AVENUE			Street Address				
City JAMESTOWN	State RI	Z _{IP} 02835	City		State		
Secretary Name DENNIS Q. QUELCH			Treasurer Name DENNIS A. QUELCH				
Street Address 67 BEACON AVENUE			Street Addross 67 BEACON AVENUE				
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN		State RI	Zip 02835	
8 List ALL directors (names and	addresses)			Checi	k the box to i	ndicate an attachment	
Director Name DENNIS Q. QUEL	СН		Director Name				
Street Address 67 BEACON AVENUE			Street Address				
City JAMESTOWN	State RI	Z _{IP} 02835	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
Shares Authorized 10. Shares is							
This information is currently of record in the Department of State. Changes require an additional filing.		N JMBER O	F SHARES	CLASS/SERI	CLASS/SERIFS PAR VALUE		
		100		COMMON		NO PAR VALUE	
11. This report must be executed trustee, this report must be exec	d on behalf of the	corporation by an	authorized represe	entative. If the corp	oration is in	the hands of a receiver or	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm	that I have examin	ed this report, in	cluding any acco	mpanying s	chedules and	
Name of Authorized Representative							
DENNIS A. QUELCH				<u></u>	1-	18-19	
Signature of Authorized Represe	entative	196 CDC	const FILE	DOV			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 2 4 2019

FORM 630 - Revised: 10/2017

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