



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 fee if form is not filed by April 1.

1. Entity ID Number 37787		2. Exact name of the Corporation Q Incorporated			
3. Principal Office Address 233 Post Road		City Westerly		State RI	Zip 02891
4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island Retail sales of Distilled Spirits, Wine, and Beer.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frederick Quattromani			Vice-President Name Michael Quattromani		
Street Address 2 Shoreline Drive			Street Address 51 Manning Street		
City Westerly	State RI	Zip 02891	City Providence	State RI	Zip 02904
Secretary Name Michael Quattromani			Treasurer Name Frederick Quattromani		
Street Address 51 Manning Street			Street Address 2 Shoreline Drive		
City Providence	State RI	Zip 02904	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 400	CLASS/SERIES common	PAR VALUE No Par	
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 FREDERICK QUATTROMANI				Date 1/20/19	
Signature of Authorized Representative <i>Frederick Quattromani</i>				FILED <i>[Signature]</i>	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 28 2019

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FORM 630 - Revised: 10/2017