



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

STAMP

FOR
 SECRETARY OF STATE
 (USE ONLY)

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 000116047		2. Exact name of the Corporation The Quinlan Companies, Inc.			
3. Principal Office Address 125 Ernest Street			City Providence	State RI	Zip 02905
4. NAICS Code 81 - Other Services <i>812990</i>		6. Brief description of the character of business conducted in Rhode Island Storage of business and medical records and the purchase of items containing silver, and the salvaging and sale of that silver.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lissa Quinlan			Vice-President Name		
Street Address 125 Ernest Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Nicole Quinlan			Treasurer Name Nicole Quinlan		
Street Address 125 Ernest Street			Street Address 125 Ernest Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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
			100		No Par Value
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 Lissa Quinlan, President					Date 2/15/19
Signature of Authorized Representative 					