



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
STAMP

2019 MAR 18 PM 12:17

1. Entity ID Number 001663691		2. Exact name of the Corporation QUARLES II, INC.			
3. Principal Office Address 6 Christopher Drive			City Lincoln	State RI	Zip 02865
4. NAICS Code 448210		6. Brief description of the character of business conducted in Rhode Island Retail sales			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Todd D. Quarles			Vice-President Name		
Street Address 6 Christopher Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Todd D. Quarles			Treasurer Name Todd D. Quarles		
Street Address 6 Christopher Drive			Street Address 6 Christopher Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Todd D. Quarles			Director Name		
Street Address 6 Christopher Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
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 12,500	CLASS/SERIES Common	PAR VALUE 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 Todd D. Quarles					Date 3/11/19
Signature of Authorized Representative <i>Todd Quarles</i>			SIGN DOCUMENT HERE FILED		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY cu CR 2824 FORM 630 - Revised: 10/2017