



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113857
2. Name of Corporation THE QUINLAN COMPANIES I, INC.
3. Street Address Principal Business Office 125 Ernest Street
City Providence State RI Zip 02905
4. Business Phone No. 401 461-5353
5. State of Incorporation Massachusetts
6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
Storage of Business & Medical Records

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Thomas C. Quinlan Street Address 19 Dumas Ave #4 City Hampton State NH Zip 03842	Vice President Name Lissa A. Quinlan Street Address 3524 West Shore Dr. City Warwick State RI Zip 02886
Secretary Name Nicole P. Quinlan Street Address Bassett Street #2A City Providence State RI Zip 02906	Treasurer Name Nicole P. Quinlan Street Address Bassett Street #2A City Providence State RI Zip 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Thomas C. Quinlan Street Address 19 Dumas Ave. #4 City Hampton State NH Zip 03842	Director Name Lissa A. Quinlan Street Address 3524 West Shore Dr. City Warwick State RI Zip 02886
Director Name Nicole P. Quinlan Street Address Bassett Street #2A City Providence State RI Zip 02906	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
10000	Common	None

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 8-27-01

Check No.: 11697

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature]
Date 8/12/2001
Print or Type Name of Officer Nicole Quinlan
Title of Officer Treasurer