



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

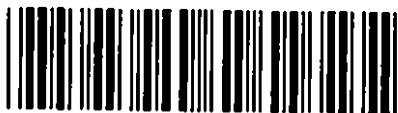
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 116047		2. Name of Corporation The Quinlan Companies, 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 RHODE ISLAND			6. SIC Code 7880
7. 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					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE		No Par	100		No Par

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



File Date	2-9-05
Check No.	13249
By:	MB
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

2/9/05
Date

Nicole Quinlan
Print or Type Name of Officer

Secretary/Treasurer
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

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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
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE		No Par	100		No Par

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



* 1 1 6 0 4 7 *

File Date 1-23-04
Check No. 12527
By: Q

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

Nicole Quinlan

Print or Type Name of Officer

Secretary/Treasurer

Title of Officer

Date



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

116047

2. Name of Corporation

The Quinlan Companies, 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

RHODE ISLAND

6. SIC Code

7880

7. Brief Description of the Character of Business Conducted in Rhode Island

Storage of Business and Medical Records

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

FILL IN SPACES BEFORE USING ATTACHMENTS

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

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

No Par

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

No Par

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



* 1 1 6 0 4 7 *

File Date:

2-28-03

11868

Check No.:

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

Nicole Quinlan

Print or Type Name of Officer

Secretary/Treasurer

Title of Officer

Date

2/24/2003



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

116047

2. Name of Corporation

The Quinlan Companies, 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

RHODE ISLAND

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

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State

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02905

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

No Par

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

NoPar

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



* 1 1 6 0 4 7 *

File Date: 3/13/02

Check No.: 13436

By: 1.3

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

Date

Nicole Quinlan-Secretary-Treasurer

Print or Type Name of Officer

Title of Officer

5

Form 630 12/01



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

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City Prov	State RI	Zip 02905	City	State	Zip
Secretary Name Nicole Quinlan			Treasurer Name Nicole Quinlan		
Street Address 125 Ernest St.			Street Address 125 Ernest St.		
City Prov	State RI	Zip 02905	City Prov	State RI	Zip 02905
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Street Address			Street Address		
City	State	Zip	City	State	Zip
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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000		No Par	100		no par

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

File Date: **FILED**

Check No.: **AUG 29 2001**

By: **11483**

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.

August 27, 2001
Signature of Officer: **Nicole Quinlan** Date: **August 27, 2001**
Print or Type Name of Officer: **Nicole Quinlan - Secretary - Treasurer**
Title of Officer: **Secretary**