

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

Filing Period: January 1	- March 1 • Fi	NNUAL REPO	RT FOR THE YE	AR20	05
(FORM MUST BE TYPED OR	 ,	•			
1. Corporate ID No. 116047	2. Name of Corpora The Quinlan	Companies, Inc.			
3 Street Address Principal Busin 125 Ernest St	reet		City Providence	State RI	<i>zφ</i> 02905
4. Business Phone No. 5. State of Incorporati 401-461-5353			on		G. SIC Code
7. Brief Description of the Charm STORAGE OF BUSI SALE OF THAT SILN 8. NAMES AND ADDRES President Name Lissa Quinlan	NESS AND MEDICAL (/FR	RECORDS AND THE PU	RCHASE OF ITEMS CONTAI	NING SILVER AND THE S	
Siren Address 125 Ernest St	reet		Street Address		<u></u>
City	State	Zip	City	State	Zip
Providence Secretary Name Nicole Quinla	R <u>T</u>	1 02905	Treasurer Name Nicole Quinlar	 1	
Sirve Address 125 Ernest St	reet	<u> </u>	Street Address 125 Ernest Sti	reet	
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905
Director Name	SES OF THE DIRECT	ORS: ("X" BOX FOR		IN SPACES BEFORE U	
		 			
Street Address		· .	Street Address		
City	. State		Cuty	State	Zip
Director Name			Director Name		······································
Sirvet Address			Street Address		<u> </u>
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR A	ITACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	 CHMENT) []
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 c	ither the President, Vice	e President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Trustee
			Under penalty of princluding any according to herein a	perjury, I declare and affirm Ompanying schedules and si	that I have examined this relatements, and that all state
File Date 2-9-05			Huc	N	2/2/0
Check No			Skyfuture of Officer Date		
Ву:			Nicole Que Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			<u>Secretary</u> Tille of Officer	//Treasurer	-



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

Matthew A. Brown, Secretary of State

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ROFIT	CORPORATION ANNUAL	REPORT FOR THE YEAR	2004	

illing Period: January 1 FORM MUST BE TYPED OR F		Filing Fee: \$50.00				
. Corporate ID No.	2. Name of Corpo	ration			· · · · · · · · · · · · · · · · · · ·	
116047	The Quinta	in Companies, Inc.				
Street Address Principal Busin	•		City	State	210	
125 Ernest Stree Business Phone No	<u>-</u>	1.0.0.0	Providencee	RI	02905	
		5. State of Incorpora	lion		6 SIC Code	
401-461-5353 Brief Description of the Chara	octer of Business Conducti	RHODE ISL	AND			
NAMES AND ADDRES resident Name Lissa Quinlan	SES OF THE OFFIC	L RECORDS AND THE F	PURCHASE OF ITEMS CONTAI ATTACHMENT) FILL IN Vice President Name	NING SILVER AND THE		
rm Address 125 Ernest Stree	et		Street Address			
iny.	State	Zip	City	State	Zip	
Providence	RI	02905				
exerctary Name Nicole Quinlan			Trasurer Name Nicole Quinlar	n		
irei Address 125 Ernest Stree	et.		Sinci Addrs 125 Ernest St	reet		
îty	State	Zίρ	City	State	Z(p	
Providence	RI	02905	Providence	RI	02905	
. NAMES AND ADDRES Viroctor Name	SES OF THE DIREC	TORS: <i>("X" BOX FOF</i>	ATTACHMENT) FILL Director Name	IN SPACES BEFORE US	SING ATTACHMENTS	
freet Address			Street Address			
hty	State	Zíp	City	State	Zip	
Director Name		J. :	Director Name			
			precior name			
ireet Address			Street Address			
ìψ	State	Ζ.φ	City	State	Zip	
0. SHARES AUTHORIZI	 ED <i>("X" BOX FOR</i>	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) [
umber 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, V	ice President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Trustee	
					that I have examined this re	
File Date \23-04			including any accompanying schedules and statements, and that all statements contained before are true and correct			
Check No. 12527			'Signapure of Office Nicole Quit	'Signapure of Officer Date Nicole Quinlan		
Ву:			Print or Type Name of Officer			
FOR SECRETARY OF STATE USE ONLY				Secretary/Treasurer Title of Officer		



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

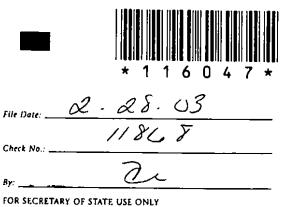
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(FORM MUST BE TYPED OR PRIN					
1. Corporate ID No.	2. Name of Corpor				
116047		n Companies, Inc.			
3. Street Address Principal Business	s Office		City	State	Zip
125 Ernest Street			Providence	RI	02905
4. Business Phone No.		S. State of Incorpora	tion		6. SIC Code
(401) 461-5353		RHODE ISLA	AND		7880
7. Brief Description of the Characte					
Storage of Busines					
8. NAMES AND ADDRES President Name Lissa Quinlan	SSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTA	CHMENTS
Street Address 125 Ernest Street			Street Address		
_{Chy} Providence	State RI	^{zı} p 02905	City	State	Zip
Secretary Name		•	Treasmer Name		• • •
Nicole Quinlan			Nicole Quinlan		
Street Address			Street Address		
125 Ernest Street			125 Ernest St	reet	
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR	ATTACHMENT) FILL IN SPAC Director Name	CES BEFORE USING ATT	TACHMENTS
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 AUTHORIZE	D ("X" BOX FOR AT	(ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(T)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

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4.3 3

No Par



8,000 NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

No Par

Signature of Officer

Nicole Quinlan Print or Type Name of Officer Secretary/Treasurer

Title of Officer Form 630 12/02

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

401-222-3040

Filing Period: January	1-March 1 •	Filing Fee: \$50.00			PLEASE INSTRU
FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpor	ation			_
116047	The Quinla	in Companies, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
125 Ernest Street		5. State of Incorporation	Providence	RI	02905 6. SIC Code
(401) 461-5353 RHODE ISL. Brief Description of the Character of Business Conducted in Rhode Island		RHODE ISLAND in Rhode Island			7880
Storage of Busines	ss & Medical	Records			
		TICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Lissa Quinlan treet Address			Street Address		
125 Ernest Street					
Hiy	State	Zip	City	State	ZIp
Providence	RI	02905			
ecretary Name			Treasurer Name		
Nicole Quinlan			Nicole Quinlan Street Address		
125 Ernest Street			125 Ernest Stre	et	
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905
P. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATT	TACHMENTS
treet Address			Street Address		
Sity	State	Zip	City	State	21p
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name	•	
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHORIZEI UTHORIZZD SHARES	D ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (4	X° BOX FOR ATTACHMEN	T)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE		No Par	100		NoPar

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

Under penalty of perjury



File Date: 3//3/02	
Theek No.: 13436	
13	

FOR SECRETARY OF STATE USE ONLY

Signifure of Officer

Nicole Quinlan-Secretary-Treasurer

Frint or Type Name of Officer

Title of Officer

S form 630 12/01

r decore and a from that I have examined by accompanying schedules and statements, and



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

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PLEASE INSTRUC	RLAD* HONS

(FORM MUST BE TYPED IN B	I.ACK)					
1. Corporate ID No.	2. Name of Corporati	Diulan Comp	anies, Inc.			
3. Street Address Principal Busine	ess Office	1	Providuce	State	Zip	
125 Emest	5t.		Providuce	RI	02905	
4. Business Phone No.	 -	S State of Incorporation	<u>, </u>		6. SIC Code	
461 535	· 3	12 hose	Loland		7880	
7. Brief Description of the Chara	cter of Business Conducted in	Rhode Island				
	SUTTINEISES D M		S			
8. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) OFILL IN SPACES	BEFORE USING ATTA	CHMENTS	
President Name	1		Vice President Name			
17552 Quin	Jan					
Street Address Frue 7	5		Street Address			
City	State	210	City	State	Zip	
Vrov	$\mathcal{K}\mathcal{I}$	02905				
Secretary Name			Treasurer Name	<u> </u>		
Misole Qui	wlan.		Mrole C	<u>Nalan</u>	<u> </u>	
Street Address Erne	st st			Street Address St.		
CON	State	Zip 02905	cu. Prov	State	^{z1p} 02 905	
9. NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) DFILL IN SPACE	ES BEFORE USING ATT	ACHMENTS	
Director Name Director Name						
Street Address			Street Address			
City	State	i Zıp	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORI	ZED (*X* BOX FOR ATT)	ACHMENT) 🖸	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
(AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Ciass/Series	Par Value	
8,000		No Par	100		no par	
This report must be si	igned in ink by eith	ner the President, Vice	President, Secretary, As	sistant Secretary, Trea	surer, Receiver or Trustee	

	Under penalty of perjury by declare and affirm that I have examined
File Date: FILED	this report, including any adcompanying schedules and statements, and that all statements contained between any true and correct.
Check No.: AUG 29 2001 By 1483	Finit or Type Name of Officer Date Date Finit or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Rule of Officer