



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 BUS SVCS DIV

2020 OCT -9 PM 2:37

1. Entity ID Number 001670736		2. Exact name of the Corporation High Quality Installations Company			
3. Principal Office Address 51 Landing Drive			City Taunton	State MA	Zip 02780
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Garage Doors, Dock Equipment, Electric Openers. Sales Service and Installations			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Cumiskey			Vice-President Name James Cumiskey		
Street Address 51 Landing Drive			Street Address 51 Landing Drive		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
Secretary Name James Cumiskey			Treasurer Name James Cumiskey		
Street Address 51 landing Drive			Street Address 51 Landing Drive		
City Taunton	State MA	Zip 02780	City Taunton	State MA	Zip 02780
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	
		200		CPN	
				PAR VALUE	
				0.00	
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. <i>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.</i>					
Name of Authorized Representative JAMES CUMISKEY				Date 10/08/2020	
Signature of Authorized Representative 				FILED OCT 09 2020 AA 2:40PM	