

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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Annual Report for the year: 2020	OCT 1 5 2020
Limited Liability Company	(ly)
→ Filing period: September 1 - November 1	, , , , , , , , , , , , , , , , , , ,
→ Filing Fee: \$50.00	

OCT 1 5 2020	
147	

1. Entity ID Number	Exact name of the Limited Liability Company Quantum Network Consulting, LLC						
3. NAICS Code 541511	Brief description of the character of business conducted in Rhode Island IT/COMPUTER CONSULTING						
5. State of Formation Rhode Island							
6. Principal Office Address 141 Power Road			City Pawtucket	State RI	Zip 02860		
7. Mailing Address of Limited Lia	ibility Compa	ny and Name or					
Contact Name William Barbieri			Contact Title Member	Contact Title Member			
Street Address P.O. Box 41614			City Providence	State RI	^{Zip} 02940		
8. List ALL managers (names a	nd addresses	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS		
Manager Name			Manager Name				
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
Under penalty of perjury, I dec statements, and that all stater	lare and aff	irm that I have	examined this report, including				
Name of Authorized Person			Date	Date			
WILLIAM BARBIERI			9/30/20	9/30/2020			
Signature of Authorized Person							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov