Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 Providence RI 02904-2615 (401) 222-3040 Immed Liability Company Providence RI 02904-2615 (401) 222-3040 Immed Liability Company Providence RI 02904-2615 Colspan="2">Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" Colspan="2" C						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Principe Classifier Company Particle Classifier Company Particle Classifier Company Particle Classifier Company failing or refusing of the its annual report within third (30) days after the time prescribed by law (R.I.G.L. 7- 6660b4c) is subject to a perately fee of 255.00. ANUUAL REPORT YEAR: 2019 1. ID No. 000653460 2. Exact Name of the Limited Liability Company Q & A Efficiencies and Logistics LLC 3. State of Formation State: RI ARTICLE III Principal Office Address Article River Conducted by the entity. Download the list of codes here, More information on NACS can be found online. 541614 Article RI Zip: 0.2910 Country: USA A State: RI Zip: 0.2910 Country: USA Contact Time: No. and Street: 102 BLACKAMORE AVENUE City or Town: CRANSTON State: RI Zip: 0.2910 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 102 BLACKAMORE AVENUE City or Town: CRANSTON State: RI Zip: 0.2910 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS Title Individual Name Address, City or Town, State, Zip Code, Country				ate	Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Principer Description Image Period: September 1 - November 1 In accordance with R1GL 7-16-66(d), each limited liability company failing or refusing to the its annual report within thirty (20) days after the time prescribed by law (R.I.G.L. 7- t6-66(b&c)) is subject to a panalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000653460 2. Exact Name of the Limited Liability Company Q & A Efficiencies and Logistics LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 51614 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CONSULTING BUSINESS TO BUSINESS 5. Principal Office Address No. and Street: 102 BLACKAMORE AVENUE (ity or Town: Zip: 02910 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. D NOT LIST MEMBERS Address, City or Town, State, Zip Code, Country: USA 7. Name and Address of Each Manager of the		Division Of Busir	ess Services			
(401) 222-3040 Initide Liability Company Annual Report Hing Ported. September 1 - November 1 na accordance with R.I.6.L.7-666(d), each limited liability company failing or refusing to lie us annual report with mitty (20) days after the time prescribed by lew (R.I.G.L.7- 666(b&c)) is subject to a penalty tee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000653460 2. Exact Name of the Limited Liability Company Q & A Efficiencies and Logistics LLC 3. State of Formation State: RI ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 541614 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CONSULTING BUSINESS TO BUSINESS 5. Principal Office Address No. and Street: 102 BLACKAMORE AVENUE (2ty or Town: CRANSTON State: RI Zip: 02910 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Preson: Contact Title: No. and Street: 102 BLACKAMORE AVENUE (2ty or Town: CRANSTON State: RI Zip: 02910 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address, First: Middle, Last, Suffix Addre						
Limited Liability Company Annual Report State September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing of the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&0) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000653460 2. Exact Name of the Limited Liability Company Q & A Efficiencies and Logistics LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. S41614 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island CONSULTING BUSINESS TO BUSINESS 5. Principal Office Address No. and Street: 102 BLACKAMORE AVENUE City or Town: Canast Title: No. and Street: 102 BLACKAMORE AVENUE City or Town: Conast Title: No. and Street: 102 BLACKAMORE AVENUE City or Town: Canast Title: No. and Street: 102 BLACKAMORE AVENUE City or Town: Canast Title: No. and Street: 102 BLACKAMORE AVENUE City or Town: Canast Title: No. and Street: 102 BLACKAMORE AVENUE City or Town: Canast Title: No. and Street: 102 BLACKAMORE AVENUE C						
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No. and Street: 102 BLACKAMORE AVENUE CRANSTON State: RI Zip: 02910 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 102 BLACKAMORE AVENUE CRANSTON State: RI Zip: 02910 Country: USA City or Town: CRANSTON State: RI Zip: 02910 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address. First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	CONSULTING BUSIN	ESS TO BUSINESS				
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name		Addres	ss	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address	, City or Town, Stat	e, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER						
	8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTE				

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

THOMAS J. AUSLEY, II 102 BLACKAMORE AVENUE CRANSTON, RI 02910

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of November, 2020 at 2:14:06 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>THOMAS J AUSLEY II</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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