



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 FEB 16 A 10:51

1. Entity ID Number 000155573		2. Exact name of the Corporation Banks II Quan and Associates, Inc.	
3. Principal Office Address 100 Burt Rd. Ste. 212		City Andover	State MA
		Zip 01915	
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island Engineering Consulting		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nancy Banks		Vice-President Name Paul Banks	
Street Address 5 Arrowhead Lane		Street Address 5 Arrowhead Lane	
City Beverly	State MA	Zip 01915	City Beverly
			State MA
			Zip 01915
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Christopher Schmidt		Director Name	
Street Address 12 Frasier Rd.		Street Address	
City Greenfield Center	State NY	Zip 12833	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 200,000.00	CLASS/SERIES CNP
			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. 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.			
Name of Authorized Representative Kristin Simpson			Date 2/15/2021
Signature of Authorized Representative <i>Kristin Simpson</i>			

FILED ^M

FEB 16 2021

BY *Ch HTDMS*

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