



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

FOR  
SECRETARY OF STATE  
USE ONLYRECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2021 MAR 26 P 12:54

1. Entity ID Number 001663691		2. Exact name of the Corporation QUARLES II, INC.			
3. Principal Office Address 6 Christopher Drive			City Lincoln	State RI	Zip 02865
4. NAICS Code 448210		6. Brief description of the character of business conducted in Rhode Island Retail sales			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Todd D. Quarles			Vice-President Name		
Street Address 6 Christopher Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Todd D. Quarles			Treasurer Name Todd D. Quarles		
Street Address 6 Christopher Drive			Street Address 6 Christopher Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Todd D. Quarles			Director Name		
Street Address 6 Christopher Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		12,500	Common	No par value	
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. <b>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.</b>					
Name of Authorized Representative Todd D. Quarles				Date 3/25/21	
Signature of Authorized Representative <i>Todd D. Quarles</i>					

FILED

## MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904 2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 26 2021

BY *Ca 66VC*  
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FORM 630 - Revised: 08/2020