



State of Rhode Island

## Department of State - Business Services Division

**FILED**

OCT 22 2021

BY

Annual Report for the year: **2021****Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

|                                                                                                                                                                                                             |       |                                                                                                              |                             |                          |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|---------------------|
| 1. Entity ID Number<br><b>162048</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Quantum Network Consulting, LLC</b>                     |                             |                          |                     |
| 3. NAICS Code<br><b>541511</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>IT/COMPUTER CONSULTING</b> |                             |                          |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                              |                             |                          |                     |
| 6. Principal Office Address<br><b>141 Power Road</b>                                                                                                                                                        |       |                                                                                                              | City<br><b>Pawtucket</b>    | State<br><b>RI</b>       | Zip<br><b>02860</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                              |                             |                          |                     |
| Contact Name <b>Lois Barbieri</b>                                                                                                                                                                           |       |                                                                                                              | Contact Title <b>Member</b> |                          |                     |
| Street Address <b>P.O. Box 41614</b>                                                                                                                                                                        |       |                                                                                                              | City <b>Providence</b>      | State <b>RI</b>          | Zip <b>02940</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                              |                             |                          |                     |
| Manager Name                                                                                                                                                                                                |       |                                                                                                              | Manager Name                |                          |                     |
| 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 <input type="checkbox"/>                                                                                                                                            |       |                                                                                                              |                             |                          |                     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |       |                                                                                                              |                             |                          |                     |
| <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 Person<br><b>LOIS BARBIERI</b>                                                                                                                                                           |       |                                                                                                              |                             | Date<br><b>9/21/2021</b> |                     |
| Signature of Authorized Person<br><i>Lois Barbieri</i>                                                                                                                                                      |       |                                                                                                              |                             |                          |                     |

**MAIL TO:****Division of Business Services**

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