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.

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BUS SVCS DIV
2021 NOV -4 PM 3:18

1. Entity ID Number	2. Exact name of the Corporation		
000017636	Hawkins and Quirk, Inc.		
3. Principal Office Address: 89 MINER RD	City: SAUNDERSTOWN	State: RI	Zip: 02874
4. NAICS Code: 454310	6. Brief description of the character of business conducted in Rhode Island: FUEL OIL SALES		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: HEATHER ANN HAWKINS			Vice-President Name: PATRICK JAMES QUIRK		
Street Address: 122 14TH ST NE			Street Address: 840 INDEPENDENCE ST		
City: NAPLES	State: FL	Zip: 34120	City: NEW ORLEANS,	State: LA	Zip: 70117
Secretary Name: HEATHER ANN HAWKINS			Treasurer Name: HEATHER ANN HAWKINS		
Street Address: 122 14TH ST NE			Street Address: 122 14TH ST NE		
City: NAPLES	State: FL	Zip: 34120	City: NAPLES	State: FL	Zip: 34120

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	STK	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: HEATHER ANN HAWKINS
Date: 9/20/2021
Signature of Authorized Representative:

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
NOV 04 2021
BY
A.A. 3:20 PM.

FORM 630 - Revised: 08/2020