	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report			
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2021</u>		
1. ID No. <u>00171096</u>	<u>6</u>		
2. Exact Name of the Li	mited Liability Company <u>Vision Q</u>	uest Enterprises LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	ntity. Download
<u>424330</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in	Rhode Island
WHOLE SALE EXPOR	RTING OF WOMAN'S ACCESSO	<u>RIES</u>	
5. Principal Office Addre	SS		
No. and Street: <u>146</u>	<u>50 DIPLOMAT DR</u>		
City or Town: EA	ST GREENWICH State:	<u>RI</u> Zip: <u>02818</u> Cou	intry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Persor):
Contact Name: JOHN T	AVARES Contact Title: CHIEF EXE	CUTIVE OFFICE	
No. and Street: 1460 DIPLOMAT DRIVE			
City or Town: EAS	T GREENWICH State	e: <u>RI</u> Zip: <u>02818</u> Co	untry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS	ility Company, if Applicab	le.
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Z	ip Code, Country
MANAGER	JOHN LUCIEN TAVARES	1460 DIPLOM EAST GREENWICH , RI (
MANAGER	ORNELLA MARIE FARAH-TAVARES	1460 DIPLO	мат

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOHN TAVARES 1460 DIPLOMAT DR EAST GREENWICH, RI 02818

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

Signed this 30 Day of November, 2021 at 6:44:34 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>JOHN TAVARES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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