



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

| | | | | | |
|---|--------------------|---|--|--------------------------|---------------------|
| 1. Entity ID Number 270431 | | 2. Exact name of the Corporation Quick Tax Services, Incorporated | | 1/23 FEB - 7 P 1:15 | |
| 3. Principal Office Address 1 Lonsdale Ave | | | City | State RI | Zip 02860 |
| 4. NAICS Code 541213 | | 6. Brief description of the character of business conducted in Rhode Island Business of tax preparation | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Sarah Baptista | | | Vice-President Name Kayla Baptista | | |
| Street Address 76 Williams Rd | | | Street Address 76 Williams Rd | | |
| City Smithfield | State RI | Zip 02917 | City Smithfield | State RI | Zip 02917 |
| 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 NONE | | | 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 <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIFS | PAR VALUE | |
| | | 500 | CWP | 01 | |
| 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 Sarah M Baptista | | | | Date 1/31/2023 | |
| Signature of Authorized Representative <i>Sarah Baptista</i> | | | | FILED | |

FEB 7 2023
 BY RV39K
 1:30