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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.

1. Entity ID Number 270431		2. Exact name of the Corporation QUICK TAX SERVICES, INC <i>(reprinted)</i>							
3. Principal Office Address 1 LONSDALE AVE		City PAWTUCKET	State RI						
Zip 02860									
4. NAICS Code 541213	5. Brief description of the character of business conducted in Rhode Island BUSINESS OF TAX PREPARATION								
6. State of Incorporation RI									
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐									
President Name NICOLE BAPTISTA CORREIA		Vice-President Name							
Street Address 9 WINTERBERRY DRIVE		Street Address							
City TIVERTON	State RI	Zip 02878							
Secretary Name		Treasurer Name							
Street Address		Street Address							
City	State	Zip							
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐									
Director Name NONE		Director Name							
Street Address		Street Address							
City	State	Zip							
Director Name		Director Name							
Street Address		Street Address							
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		<table border="1"> <thead> <tr> <th>COMMON STOCK</th> <th>PREFERRED STOCK</th> <th>WARRANTS</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>000</td> <td>01</td> </tr> </tbody> </table>		COMMON STOCK	PREFERRED STOCK	WARRANTS	500	000	01
COMMON STOCK	PREFERRED STOCK	WARRANTS							
500	000	01							
Changes require an additional filing									
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 NICOLE BAPTISTA CORREIA		Date 12/7/2022							
Signature of Authorized Representative <i>Nicole Baptista Correia</i>		BY <i>PK 139K</i>							

MAIL TO: