

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

2023 FEB 14 07:17:51

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

2022 DEC 12 11:11:30

State of Rhode Island and
Department of State - Business Services Division

Annual Report for the year: 2017
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, INCORPORATED			
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			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name NICOLE BAPTISTA CORREIA			Vice-President Name		
Street Address 9 WINTERBERRY DRIVE			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
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 This information is currently of record in the Department of State Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment: <input type="checkbox"/>			
		COMMON STOCK		PREFERRED	
		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 NICOLE BAPTISTA CORREIA			Date 12/7/2022		
Signature of Authorized Representative Nicole Baptista Correia			BY <u>[Signature]</u> 103		