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State of Rhode Island  
 Department of State - Business Services Division

Annual Report for the year: 2016  
 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 <b>270431</b>		2. Exact name of the Corporation <b>QUICK TAX SERVICES, INCORPORATED</b>			
3. Principal Office Address <b>1 LONSDALE AVE</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02850</b>	
4. NAICS Code <b>541213</b>		5. Brief description of the character of business conducted in Rhode Island <b>BUSINESS OF TAX PREPARATION</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name <b>NICOLE BAPTISTA CORREIA</b>		Vice-President Name			
Street Address <b>9 WINTERBERRY DRIVE</b>		Street Address			
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name <b>NONE</b>		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 <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		CLASSIFIED SHARES		CLASSIFIED	
Changes require an additional filing		<b>500</b>	<b>CWP</b>	<b>01</b>	
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 <b>NICOLE BAPTISTA CORREIA</b>				Date <b>2/7/2023</b>	
Signature of Authorized Representative <i>Nicole Baptista Correia</i> <b>15139K</b>					

**FILED**  
**FEB 7 2023**  
*1.22*