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 BUS. SVCS. DIV.
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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 270431		2. Exact name of the Corporation QUICK TAX SERVICES, INCORPORATED									
3. Principal Office Address 1 LONSDALE AVE		City PAWBUCKET	State RI	Zip 02850							
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	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: ☐											
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: ☐									
This information is currently of record in the Department of State.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>COMMON STOCK</th> <th>CLASS OF STOCK</th> <th>PREFERRED</th> </tr> <tr> <td>500</td> <td>CWP</td> <td>01</td> </tr> </table>				COMMON STOCK	CLASS OF STOCK	PREFERRED	500	CWP	01
COMMON STOCK	CLASS OF STOCK	PREFERRED									
500	CWP	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> 139K											