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R.I. DEPT. OF STATE
BUS SVCS DIV

State of Rhode Island

Department of State - Business Services Division

2023 DEC 12 A 11:38

Annual Report for the year:

2015

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 LONESDALE AVE		City PAWTUCKET	State RI						
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 This information is current y of record in the Department of State. Changes require an additional filing		10. Shares Issued Check the box to indicate an attachment: ☐							
		<table border="1"> <tr> <th>COMMON SHARES</th> <th>CLASSIFIED</th> <th>WARRANTS</th> </tr> <tr> <td>500</td> <td>CWP</td> <td>.01</td> </tr> </table>		COMMON SHARES	CLASSIFIED	WARRANTS	500	CWP	.01
COMMON SHARES	CLASSIFIED	WARRANTS							
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									
Signature of Authorized Representative <i>Nicole Baptista Correia</i>									

FEB 7 2023

12/7/2022

FILED

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