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State of Rhode Island

Department of State - Business Services Division

2022 DEC 12 A 11:38

Annual Report for the year:
Corporation

2015

→ 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									
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 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"><thead><tr><th>COMMON SHARES</th><th>CLASS SHARES</th><th>WARRANTS</th></tr></thead><tbody><tr><td>500</td><td>CWP</td><td>01</td></tr></tbody></table>				COMMON SHARES	CLASS SHARES	WARRANTS	500	CWP	01
COMMON SHARES	CLASS SHARES	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 Nicole Baptista Correia											

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