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2022 DEC 12 A 11:38

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2011  
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<br><b>270431</b>   |                    | 2. Exact name of the Corporation<br><b>QUICK TAX SERVICES, INC <i>corporated</i></b>                                  |                        |                    |                     |
| 3. Principal Office Address<br><b>1 LONSDALE AVE</b>   |                    | City<br><b>PAWTUCKET</b>  |                        | State<br><b>RI</b> | Zip<br><b>02860</b> |
| 4. NAICS Code<br><b>541213</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>BUSINESS OF TAX PREPARATION</b>     |                        |                    |                     |
| 5. State of Incorporation<br><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<br><b>NICOLE BAPTISTA CORREIA</b>   |                    |   | Vice-President Name    |                    |                     |
| Street Address<br><b>9 WINTERBERRY DRIVE</b>   |                    |   | Street Address         |                    |                     |
| City<br><b>TIVERTON</b>  | State<br><b>RI</b> | Zip<br><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<br><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<br>This information is currently of record in the Department of State<br>Changes require an additional filing.  |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                        |                    |                     |
|  |                    | NUMBER OF SHARES  |                        | CLASSIFICATION     |                     |
|  |                    | <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.<br><b>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.</b> |                    |   |                        |                    |                     |
| Name of Authorized Representative<br><b>NICOLE BAPTISTA CORREIA</b>  |                    |   | Date <b>12/7/2022</b>  |                    |                     |
| Signature of Authorized Representative<br><i>Nicole Baptista Correia</i>   |                    |   | Date <b>FEB 7 2023</b> |                    |                     |

MAIL TO:

BY *[Signature]*  
1:17