



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 FEB 14 AM 11:03

1. Entity ID Number 000160451		2. Exact name of the Corporation Quality Transitions, Inc.			
3. Principal Office Address 15 West Beach Road			City Charlestown	State RI	Zip 02813
4. NAICS Code 541612		6. Brief description of the character of business conducted in Rhode Island Provide human resource consulting services to other business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Nichols			Vice-President Name Carolyn S. Nichols		
Street Address 15 West Beach Road			Street Address 15 West Beach Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name David Nichols			Treasurer Name David Nichols		
Street Address 15 West Beach Road			Street Address 15 West Beach Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			8,000	Common	0.01
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 David Nichols				Date 1/23/23	
Signature of Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 14 2023
BY ML HD89P