



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.

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 BUS SVCS DIV

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| 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

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BY ML HD89P