

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

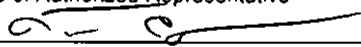
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 31 2023

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1. Entity ID Number 001675932		2. Exact name of the Corporation QUALITY LOGISTICS, INC.			
3. Principal Office Address 7 OAKCREST DRIVE			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island TRUCKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name ANTONIO CONCEPCION			Vice-President Name STMT 1		
Street Address 7 OAKCREST DRIVE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name ANTONIO CONCEPCION			Treasurer Name ANTONIO CONCEPCION		
Street Address 7 OAKCREST DRIVE			Street Address 7 OAKCREST DRIVE		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANTONIO CONCEPCION			Director Name		
Street Address 7 OAKCREST DRIVE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	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		
			100		
			COMMON		
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 					Date 03/14/23
Signature of Authorized Representative ANTONIO CONCEPCION					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov