State : f Rhode Isla	=	see Sarvica	s Division			×	
Department of State - Business Services Division Annual Report for the year: 2022					20 00年代		
Corporation A Siling paried: Enhance 4. May 4.					RECEIVED		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00					R.I. DEPT. OF STATE BUS SYCS DUV		
→ Penalty: Additional \$25.0	0 fee if form is not	t filed by May 3	1.			5405 1/ 1	
1. Entity ID Number	2. Exact name	of the Corporat	tion		2023 HAY	15 🗀 l: 55	
001682275	Quo!	1016	0451	ER Con	PANT.	the	
3. Principal Office Address		<u></u>	City		State	Zip	
1080x 721	-			KAFIR160	KI	02880	
4. NAICS Code	6. Brief descrip	otion of the char	acter of busine	ss conducted in Rhoo	le Island		
112512	A	AQUACIO TURE					
5. State of Incorporation		12512	C D WCI				
7 List Al Latinop (name and a		12012					
7. List ALL officers (names and a President Name	Vice-Pres	Check the box to indicate an . iment Vice-President Name					
TEMNIFIEL Street Address							
PD CO: 721	Street Add	Street Adcress					
City WILL EFFORD	State	21p 2540	City	City		Zip	
Secretary Name			Treasurer	Treasurer Name			
Street Address	Street Add	Street Address					
Crty	State	Zip	City		State	Zip	
List ALL directors (names and Director Name	addresses)		Director N		e box to indicate a	n attachment 🗀	
Steen Address							
Street Address ,			Street Add	dress			
City	State	Zip	City	.	State	Zıp	
Director Name			Director N	Director Name			
20	5 56161.11	Justice Training					
Street Address			Street Add	cress			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares I	sound	Charle ib			
This information as currently of re-	cord in the		SOF SHARES	CLASSISE	e box to indicate	PAR VALUE	
Department of State.)	CMP		\circ	
Changes require an additional filir	ng.		-				
11. This report must be executed	on behalf of the c	orporation by a	n authorized re	presentative. If the co	rooration is in the	hands of a re-	
ceiver or trustes, this report mus	<u>t be executed on b</u>	ehalf of the con	poration by the	receiver or trustee.			
Under penalty of perjury, I dec statements, and that all staten Name of Authorized Representa	nents contained h	at I have exam Perein are true	ined this repo and correct.	rt, including any acc		edules and	
JENNIFER GCAPPATURA				FILED Date		-2023	
Signature of Authorized Represe	entative	<u> </u>					
MAY 1 5 2023							
MAIL TO:			(2) B	Y VYN X	PRA	· · · · · · · · · · · · · · · · · · ·	
Division of Business Services 48 W. River Street, Providence, Rho	ode Island 02904-26	15	57 6				

Phone: (401) 222-3040 Website: www.sos.ri.gov

RI SOS Filing Number: 202335650260 Date: 5/15/2023 1:57:00 PM