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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company** 

-> 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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1. Entity ID Number	2. Exact name of the Limited	Liability Company	· · · · · · · · · · · · · · · · · · ·	· _		
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001744873	QUANTUM'SOLUTIONS LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island     HOLDING COMPANY					
551112						
5. State of Formation	i ,					
RHODE ISLAND						
6. Principal Office Address		City	State	Zip		
47 WOOD AVENUE, SU	BARRINGTON BARRINGTON		RI	02806		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name SHLOMOE LANDAU		Contact Title OFFICER				
Street Address 5 TOLTCHAV WAY, SUITE 302		City MONROE	State NY	<sup>Zip</sup> 10950		
8. The Resident Agent Information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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 Person			Date	Date		
SHLOME LANDAU		01/22/2024				
Signature of Authorized Person						

**FILED** 

JAN 2 2 2024

BY MI 16QVK

MAIL TO:

Division of Business Services

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

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