



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

 2024
 RI SOS
 3/5/2024 4:00:00 PM
 MP

1. Entity ID Number 001754791		2. Exact name of the Corporation Quick Clever Care, Inc.			
3. Principal Office Address 333 School Street, Suite 305			City Pawtucket	State RI	Zip 02860
4. NAICS Code 623110		6. Brief description of the character of business conducted in Rhode Island Healthcare Facility			
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 Saina Cadet			Vice-President Name Dawn Cater		
Street Address 3 Loring Lane			Street Address 74 Hermit Drive		
City North Providence	State RI	Zip 02904	City Warwick	State RI	Zip 02889
Secretary Name Saina Cadet			Treasurer Name Dawn Cater		
Street Address 3 Loring Lane			Street Address 74 Hermit Drive		
City North Providence	State RI	Zip 02904	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Saina Cadet			Director Name Dawn Cater		
Street Address 3 Loring Lane			Street Address 74 Hermit Drive		
City North Providence	State RI	Zip 02904	City Warwick	State RI	Zip 02889
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		
			1,000		
			CNP		
			\$0.0000		
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 Saina Cadet					Date 02/27/2024
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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FORM 630 - Revised: 2/2023