



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.

REC'D RIDDERS BSD
24 MAR 25 PM 4:04:14
MP

1. Entity ID Number 001670736		2. Exact name of the Corporation HIGH QUALITY INSTALLATIONS COMPANY			
3. Principal Office Address 51 LANDING DRIVE			City TAUNTON	State MA	Zip 02780
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island GARAGE DOORS, DOCK EQUIPMENT, ELECTRICAL OPENERS, SALES, SERVICE AND INSTALLATIONS			
5. State of Incorporation MASS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES THOMAS CUMISKEY			Vice-President Name NONE		
Street Address 51 LANDING DRIVE			Street Address		
City TAUNTON	State MA	Zip 02780	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES CNP	PAR VALUE 0
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 JAMES THOMAS CUMISKEY				Date MARCH 20, 2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 25 2024

BY Byaye

FORM 630 - Revised 12/2023

AA 4:08 pm.