State of Rhode Island
Department of State - Business Services Division

STAMP

RECD RI SOS BSD
'24 MAR 25 P4:04:27

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.

1. Entity ID Number	2. Exact name of the Corporation
001670736	HIGH QUALITY INSTALLATIONS COMPANY

3. Principal Office Address	City	State	Zip
51 LANDING DRIVE	TAUNTON	MA	02780

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238990	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 ☐

President Name	Vice-President Name
JAMES THOMAS CUMISKEY	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 ☐

Director Name	Director Name
NONE	
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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	CNP	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	Date
JAMES THOMAS CUMISKEY	MARCH 20, 2024
Signature of Authorized Representative: James T Cumiskey	

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 BJ Gaye
A.A. 4:07pm.

FORM 630- Revised 12/2023