RI SOS Filing Number: 202566655560 Date: 3/4/2025 4:00:00 PM

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## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: Corporation	2025			BY_3300			
→ Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f		ot filed by May 31.					
1. Entity ID Number 143620	2. Exact name	2. Exact name of the Corporation  Quicket's, Inc.					
3. Principal Office Address			City		State	Zip	
285 George Washington F			Smithf		RI	02917	
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island					
447100	Gas Static	on and Conven	iience Sto	re			
5. State of Incorporation							
7. List ALL officers (names and add	dresses)			Check the	box to indicat	te an attachment 🔲	
President Name Joseph Accaol	ui		Vice-Presid	dent Name Antoinet	te Accaoui		
Street Address 10 Grandstand			Street Addr	<sup>tress</sup> 10 Grandsta	nd Drive		
<sup>City</sup> Lincoln	State RI	<sup>Zip</sup> 02865	City Linc	City Lincoln		Zip 02865	
Secretary Name Antoinette Acc	aoui		Treasurer f	Treasurer Name Joseph Accaoui			
Street Audress 10 Grandstand	Drive		Street Add	<sup>fress</sup> 10 Grandsta	nd Drive		
City Lincoln	State RI	<sup>Zip</sup> 02865	City Lincoln		State RI	Zip 02865	
8. List ALL directors (names and ac	ddresses)			Check the	a box to indicat	te an attachment	
Director Name			Director Na	ame			
Street Address			Street Addi	ress			
City	State	Zip	City		State	Zip	
Director Name			Director Na	ame			
Stree: Address	Street Addr	ress					
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issu				ate an attachment	
This information is currently of recor Department of State.	rd in the	NUMBER OF	SHARES			PAR VALUE	
		200		Common		No Par	
Changes require an additional filing.			<del></del>				
11. This report must be executed o ceiver or trustee, this report must b	in behalf of the (	corporation by an ai	uthorized rep	presentative. If the consequence or trustee	rporation is in f	the hands of a re-	
Under penalty of perjury, I declar	re and affirm th	hat I have examine	d this repor		ompanying s	chedules and	
statements, and that all statements Name of Authorized Representative		herein are true and	I correct.		Date		
Joseph Accaoui			_			02/17/2025	
Signature of Authorized Representa	ative	•					

Division of Business Services

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

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