



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 506297		2. Name of Corporation QUINN Consulting, Inc.			
3. Street Address Principal Business Office 48 Parkis Avenue Unit 5			City Providence	State RI	Zip 02907
4. Business Phone No. 401-688-5638		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Financial Education, Counseling and Program Development					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tara L Quinn			Vice President Name Tara L Quinn		
Street Address 48 Parkis Avenue Unit 5			Street Address 48 Parkis Avenue Unit 5		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Tara L Quinn			Treasurer Name Tara L Quinn		
Street Address 48 Parkis Avenue Unit 5			Street Address 48 Parkis Avenue Unit 5		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Tara L Quinn			Director Name None		
Street Address 48 Parkis Avenue Unit 5			Street Address None		
City Providence	State RI	Zip 02907	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
		Number of Shares None	Class/Series None	Par Value None	

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 20 DEC - 8 PM '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.

**FILED**

DEC 08 2011

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

BY:   
 29-158286

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.

Signature:   
 Date: 12/8/2011  
 Tara L Quinn  
 Print or Type Name  
 President and Owner  
 Title