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 2008

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.	2. Name of Corporation			
97634	Spiral Air Manufacturing, Inc.			
3. Street Address Principal Business Office		City	State	Zip
171 East Hollis Street		Nashua	NH	03060
4. Business Phone No.	5. State of Incorporation			
603.889.0100	New Hampshire			

6. Brief Description of the Character of Business Conducted in Rhode Island
Manufacturing of heating, ventilating and air conditioning duct work

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Benjamin Quintiliani	171 East Hollis Street	Nashua	NH	03060

Vice President Name	Street Address	City	State	Zip
Susan Quintiliani	171 East Hollis Street	Nashua	NH	03060

Secretary Name	Street Address	City	State	Zip
Susan Quintiliani	171 East Hollis Street	Nashua	NH	03060

Treasurer Name	Street Address	City	State	Zip
Susan Quintiliani	171 East Hollis Street	Nashua	NH	03060

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Susan Quintiliani	171 East Hollis Street	Nashua	NH	03060

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No Par

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
70	Common	No Par

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.

[redacted]

Under p of perjury, I declare and affirm that I have examined this report, including accompanying schedules and statements, and that all statements contained herein are true and correct.

X [redacted] 3/28/08
Signatur *Date*

[redacted] QUINTILIANI
Print o *Name*

[redacted] TREASURER
Title

FILED
File Date APR 11 2008
Check No.
By: By 10594 1066
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Form 630 Rev. 12/06