



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 2007

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. 155463		2. Name of Corporation AIR QUALITY SOLUTIONS INC.		
3. Street Address Principal Business Office 79 PUTNAM PIKE, SUITE 7		City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-233-2240		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island MOLD REMEDIATION AND STRUCTURAL DECONTAMINATION				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name SHAWN R. PANNONE		Vice President Name JOEL ALLCOCK		
Street Address 79 PUTNAM PIKE, SUITE 7		Street Address 79 PUTNAM PIKE, SUITE 7		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI
Secretary Name JOEL ALLCOCK		Treasurer Name JOHN BLOOMFIELD		
Street Address 79 PUTNAM PIKE, SUITE 7		Street Address 79 PUTNAM PIKE, SUITE 7		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐				
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
5000	COMM	.01	100	COMM

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
File Date **MAY 27 2008**
Check No. **By 058979**
By **8:34**
FOR SECRETARY OF STATE USE ONLY

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 Shawn R. Pannone Date 5/23/08
Print or Type Name Shawn R. Pannone
Title President