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.	2. Name of Corporation			
155463	AIR QUALITY SOLUTIONS INC.			
3. Street Address Principal Business Office		City	State	Zip
79 PUTNAM PIKE, SUITE 7		JOHNSTON	RI	02919
4. Business Phone No.	5. State of Incorporation			
401-233-2240	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			Vice President Name		
SHAWN R. PANNONE			JOEL ALLCOCK		
Street Address			Street Address		
79 PUTNAM PIKE, SUITE 7			79 PUTNAM PIKE, SUITE 7		
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	02919
Secretary Name			Treasurer Name		
JOEL ALLCOCK			JOHN BLOOMFIELD		
Street Address			Street Address		
79 PUTNAM PIKE, SUITE 7			79 PUTNAM PIKE, SUITE 7		
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	02919

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

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 ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
5000	COMM	.01

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMM	.01

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]

FILED
File Date MAY 27 2008
Check No. 058479
By 8:34
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Shawn R Pannone 5/23/08
Signature *Date*

Shawn R Pannone
Print or Type Name

President
Title

Form 630 Rev. 12/06

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2008 MAY 27 A 8:34
SECRETARY OF STATE
CORPORATIONS
PROVIDENCE, RI