Amend

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 Periods: 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(c), 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)(1)) is subject to a penalty fee of $25.00.

1. Corporate ID No.	2. Name of Corporation
97834	Spiral Air Manufacturing, Inc.

3. Street Address Principal Business Office	City	State	Zip
171 E. 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

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

President Name	Vice President Name
Benjamin Quintiliani	Susan Quintiliani
Street Address: 171 E. Hollis Street	Street Address: 171 E. Hollis Street
City: Nashua / State: NH / Zip: 03060	City: Nashua / State: NH / Zip: 03060
Secretary Name: Jon B. Sparkman	Treasurer Name: Susan Quintiliani
Street Address: 111 Amherst Street	Street Address: 171 E. Hollis Street
City: Manchester / State: NH / Zip: 03101	City: Nashua / State: NH / Zip: 03060

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

Director Name	Director Name
Susan Quintiliani	
Street Address: 171 E. Hollis Street	Street Address:
City: Nashua / State: NH / Zip: 03060	City: / State: / Zip:
Director Name	Director Name
Street Address	Street Address
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED

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 information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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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: MAR 30 2011

Check No.

BY 12:51

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.

Signature — Date

Susan Quintiliani
Print or Type Name

Vice President
Title

Form 630 Rev. 08/08

pd #1475 3-25-11