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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
97634	**Spiral Air Manufacturing, Inc.**		
3. Principal office address: **171 E. Hollis Street**	City: **Nashua**	State: **NH**	Zip: **03060**
4. Business Phone No.: **603-889-0100**	5. State of Incorporation: **New Hampshire**		
6. Brief description of the character of business conducted in Rhode Island: **Manufacturing of heating, ventilating and air conditioning duct work**			

President Name: **Benjamin Quintiliani**			Vice-President Name: **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**
Director Name: **Susan Quintiliani**			Director Name		
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

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.

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.

FILED
JUN 13 2014
Y 1943

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 of Authorized Representative — Date: 6/10/14

Susan Quintiliani
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
100207-33-976413