



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 08 2023

BY: 031278 DS

1. Entity ID Number 00746236		2. Exact name of the Corporation Quality Air Metals, Inc.	
3. Principal Office Address 283B Centre Street		City Holbrook	State MA
		Zip 02343	
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island Sheet Metal Contractor Installing Ductwork in Commercial Buildings		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Stephen Pike		Vice-President Name Kristen Gunning	
Street Address 39 Christmas Tree Lane		Street Address 29 Longmeadow Drive	
City Kingston	State MA	City Canton	State MA
	Zip 02364		Zip 02021
Secretary Name Kristin Gunning		Treasurer Name Kate Rooney	
Street Address 29 Longmeadow Drive		Street Address 1077 East Street	
City Canton	State MA	City Mansfield	State MA
	Zip 02021		Zip 02048
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Kristen Gunning		Director Name Kate Rooney	
Street Address 29 Longmeadow Drive		Street Address 1077 East Street	
City Canton	State MA	City Mansfield	State MA
	Zip 02021		Zip 02048
Director Name Stephen Pike		Director Name None	
Street Address 39 Christmas Tree Lane		Street Address	
City Kingston	State MA	City	State
	Zip 02364		Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1667	CNP
			PAR VALUE
			\$0.00
11. 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.			
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.			
Name of Authorized Representative Kristen Gunning, CEO			Date 3/6/2023
Signature of Authorized Representative <i>Kristen M Gunning</i>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021