RI SOS Filing Number: 202332195070 Date: 3/31/2023 4:00:00 PM

	State of R
(I)	Depart

Corporation

Rhode Island

## ment of State - Business Services Division

Annual Report for the year: 2023

$\rightarrow$	Filino	neriod:	February	1	- May 1
	пшц	periou.	reutuary	- 1	- IVIAY I

→ Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	I2 F	- Alba Cassassia							
	Z. Exact name of the Corporation     Quality Aero, Inc.								
	Quality /	Aero, iric.			Tax :	1=:			
3. Principal Office Address	045		Columbus		State	Zip			
<u></u>	7720 Rivers Edge Dr Suite 245				ОН	43235			
4. NAICS Code	<ol><li>Brief descr</li></ol>	Brief description of the character of business conducted in Rhode Island							
541330	Technical	Technical Manual Development and Intergrated Logistics Support							
5. State of Incorporation									
Ohio									
7. List ALL officers (names and	addresses)				he box to indic	cate an attachment 🗖			
President Name Renee Coogan			Vice-President Name Joseph Coogan						
Street Address 7720 Rivers Edge Dr Suite 245			Street Address 7720 Rivers Edge Dr Suite 245						
<sup>City</sup> Columbus	State OH	<sup>Zip</sup> 43235	City Columbu	Columbus		<sup>Zip</sup> 43235			
Secretary Name None			Treasurer Name None						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
8. List ALL directors (names and	d addresses)			Check t	he box to indic	cate an attachment			
Director Name None			Director Name None						
Street Address			Street Address						
City	State	Zip	City	ty		Zip			
Director Name			Director Name						
Street Address			Street Address						
Čity	State	Zip	City	· · · · · ·	State	Zip			
9. Shares Authorized		10. Shares Iss	Ued Check the box to indicate an attachment □						
This information is currently of re	cord in the	NUMBER OF		CLASS/SERIES					
Department of State. Changes require an additional filing.		11,250			0.0				
11. This report must be execute	d on behalf of the	corporation by an a	uthorized represen	itative. If the coroor	ation is in the	hands of a receiver or			
trustee, this report must be exe	cuted on behalf of	the corporation by	the receiver or trust	tee.					
Under penalty of perjury, I de				luding any accom	panying sche	dules and			
statements, and that all states Name of Authorized Representa		nerein are true an	a correct.		Date				
Renee Coogan			3/24/2023						
Signature of Authorized Repres	entative				•	-			
Kine Co	ofan								
	/1								

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri gov