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.

MAR 3 1 2023 STAMP
22404 02

1. Entity ID Number	2. Exact name of the Corporation
1754725	Quality Aero, Inc.

3. Principal Office Address	City	State	Zip
7720 Rivers Edge Dr Suite 245	Columbus	OH	43235

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541330	Technical Manual Development and Intergrated Logistics Support
5. State of Incorporation	
Ohio	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Renee Coogan	Joseph Coogan
Street Address: 7720 Rivers Edge Dr Suite 245	Street Address: 7720 Rivers Edge Dr Suite 245
City: Columbus, State: OH, Zip: 43235	City: Columbus, State: OH, Zip: 43235
Secretary Name: None	Treasurer Name: None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
None	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	11,250		0.0

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	Date
Renee Coogan	3/24/2023

Signature of Authorized Representative

Renee Coogan

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023