

2/20/2024 11:39 AM

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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

FEB 20 2024

BY 22643  
QOK

1. Entity ID Number <u>01754725</u>		2. Exact name of the Corporation <u>QUALITY AERO, INC.</u>			
3. Principal Office Address <u>7720 RIVERS EDGE DRIVE, SUITE 245</u>			City <u>COLUMBUS</u>	State <u>OH</u>	Zip <u>43235-1361</u>
4. NAICS Code <u>541330</u>		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation <u>OH</u>		<u>ANALYSIS</u>			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>RENEE COOGAN</u>			Vice-President Name <u>JOSEPH COOGAN</u>		
Street Address <u>6600 PLESENTON DRIVE S.</u>			Street Address <u>6600 PLESENTON DRIVE S.</u>		
City <u>WORTHINGTON</u>	State <u>OH</u>	Zip <u>43085</u>	City <u>WORTHINGTON</u>	State <u>OH</u>	Zip <u>43085</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES	PAR VALUE	
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.					
<b>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.</b>					
Name of Authorized Representative <u>Renee Coogan</u>					Date <u>2/15/2024</u>
Signature of Authorized Representative <u>RENEE COOGAN</u>					

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov