

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 ☐									
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 ☐									
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 ☐												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>					
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<u>100</u>														
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 <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