RI SOS Filing Number: 202449132100 Date: 3/19/2024 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED MAR 1 9 2024							
MAR 19	2024						
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BY 32330 ps

1. Entity ID Number	2. Exact name of the Corporation							
000746236	Quality Air Metals, Inc.							
3. Principal Office Address	l		IC/h/		State	17:a		
283B Centre Street			City Holbrook		MA	Zip 02343		
					1	02343		
4. NAICS Code 23. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Brief description of the character of business conducted in Rhode Island							
5. State of Incorporation	Sheet Metal Contractor Installing Ductwork In Commercial Buildings							
Massachusetts								
7. List ALL officers (names and add	resses)			Check	the box to it	ndicate an attachment		
President Name Stephen Pike		_	Vice-President Name Kristen Gunning, CEO					
Street Address 39 Christmas Tree Lane			Street Address 29 Longmeadow Drive					
City Kingston	State MA	^{Zip} 02364	City Canton			^{Zip} 02021		
Secretary Name Kristen Gunning	<u> </u>		Treasurer Name Kate Rooney					
Street Address 29 Longmeadow Drive			Street Address 1077 East Street					
City Canton	State MA	Zip 02021	City Mansfield		State MA	Zip 02048		
8. List ALL directors (names and ad	dresses)			Check	the box to it	ndicate an attachment		
Director Name Kristen Gunning			Director Name Kate Rooney					
Street Address 29 Longmeadow Drive			Street Address 1077 East Street					
City Canton	State MA	^{Zip} 02021	City Mansfield		State MA	Zip 02048		
Director Name Stephen Pike			Director Name None					
Street Address 39 Christmas Tree Lane			Street Address					
City Kingston	State MA	Zip 02364	City		State	Zip		
9. Shares Authorized	10. Shares Issu							
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	<u> </u>	PAR VALUE		
		1,667		CNP		\$0.00		
Changes require an additional filing.								
11. This report must be executed or	hehalf of the	corporation by an a	uthorized repres	entative If the corno	ration is in t	he hands of a receiver or		
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								
Kristen Gunning					3	15/24		
Signature of Authorized Representative								
Kristen Gunning SIGN DOCUMENT HERE								
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MAIL TO:

Division of Business Services

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

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