RI SOS Filing Number: 202572669720 Date: 5/1/2025 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2025 MAY -1 P 2:21

Annual Report for the year: 2025

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000746236	Quality Air Metals, Inc.

3. Principal Office Address	City	State	Zip
283B Centre Street	Holbrook	MA	02343

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	Sheet Metal Contractor Installing Ductwork In Commercial Buildings
5. State of Incorporation	
Massachusetts	

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

President Name	Street Address	City	State	Zip
Stephen Pike	39 Christmas Tree Lane	Kingston	MA	02364

Vice-President Name	Street Address	City	State	Zip
Kristen Gunning, CEO	29 Longmeadow Drive	Canton	MA	02021

Secretary Name	Street Address	City	State	Zip
Kristen Gunning	29 Longmeadow Drive	Canton	MA	02021

Treasurer Name	Street Address	City	State	Zip
Kate Rooney	1077 East Street	Mansfield	MA	02048

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

Director Name	Street Address	City	State	Zip
Kristen Gunning	29 Longmeadow Drive	Canton	MA	02021

Director Name	Street Address	City	State	Zip
Kate Rooney	1077 East Street	Mansfield	MA	02048

Director Name	Street Address	City	State	Zip
Stephen Pike	39 Christmas Tree Lane	Kingston	MA	02364

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,667	CNP	$0.00

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: Kristen Gunning

Date: 4/23/25

Signature of Authorized Representative: Kristen M. Gunning SIGN DOCUMENT HERE

FILED
MAY 01 2025
BY D33242

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

FORM 630 - Revised: 10/2016