RI SOS Filing Number: 200946834990 Date: 06/22/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
72424	INTEGRITY AIR SERVICES, INC.			
3. Street Address Principal Business Office		City	State	Zip
63 TOM HARVEY ROAD		WESTERLY	RI	02891
4. Business Phone No.	5. State of Incorporation			
401-348-0018	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
AVIATION AVIONICS & INSTRUMENTS OVERHAUL AND REPAIR

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
PHILLIP A. CANNAVO	NONE
Street Address: 320 BAYSHORE DRIVE	Street Address:
City: TERRA CEIA State: FL Zip: 34250	City: State: Zip:
Secretary Name: NONE	Treasurer Name: NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
LYDIA J. CANNAVO	NONE
Street Address: 320 BAYSHORE DRIVE	Street Address:
City: TERRA CEIA State: FL Zip: 34250	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	COMMON	NONE

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.

[redacted] [redacted]

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.

Phillip A. Cannavo 6/15/09
Signature *Date*

PHILLIP A. CANNAVO
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No. JUN 22 2009
By: 35287-32-3924280
By [illegible] 6/18/09
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08