



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 507946		2. Exact name of the limited liability company Airlift Holdings LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island engaging in activities related to the purchasing, holding, owning, licensing, selling, and pledging or otherwise encumbering intellectual property			
5. Principal office address 220 Blackstone Blvd		City Providence	State RI	Zip 02906	
MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON:					
Contact Name c/o Giovanni D Cicione Esq		Contact Title Registered Agent			
Street Address 282 County Road		City Barrington	State RI	Zip 02806	
LISTED MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE (DO NOT LIST MEMBER BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Marisa Allegra		Manager Name			
Street Address 220 Blackstone Blvd		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

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BY DL 175275

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 SECRETARY OF STATE
 CORPORATIONS DIV

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.

Signature of Authorized Person

Date

Marisa Allegra

Print or Type Name of Authorized Person

[Handwritten Signature] 6/28/12

