



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 **2013**

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. 147815		2. Exact name of the limited liability company ALLIED AVIATION, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island purchase, sale, or lease aircraft, equipment and other aero supplies, inventory to charter passengers and freight.			
5. Principal office address 471 Kilvert Street		City Warwick		State RI	Zip 02886
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John D. Biafore		Contact Title Attorney			
Street Address 123 Dyer Street, Suite 3B		City Providence		State RI	Zip 02903
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date _____
Check No _____
By: _____ BY
FOR SECRETARY OF STATE USE ONLY

FILED

SEP 16 2013

2013

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.

Edmund D. Fuller

9-11-13

Signature of Authorized Person

Date

EDMUND D. FULLER, III, Member

Print or Type Name of Authorized Person