

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2014

Filing Fee: \$50.00 • FAII					LTY FEE.
1. Entity ID No.	2. Exact name of	· ·	^	•	
72424	1	integrity	Air Ser	vices Inc	•
3. Principal office address C/O FED 375	57 Gulf Sl	nores PKWY	AIR Services Inc City Gulf Shules State AL Zip 30542		
4. Business Phone No. 251-609-		1	5. State of Incorporation		
6. Brief description of the charact	ter of business con	ducted in Rhode Island	1	<u> </u>	1× = 111= ×
Airpla	ne instru	ment repa	irs		
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name			Vice-President Name		
Street Address			Street Address		
Phillip A Cannavo LyDIA Cannavo Street Address clo FEO 3757 Gulf Shores Pkw Clo Feo 3757 Gulf Shores Pk City Gulf Shores State AL Zip 36542 Gulf Shores State AL Zip 36542					
Gulf Shores	State	36542	Gulf SI	nores State AL	Zip 36542
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Žīp
8. LIST ALL DIRECTORS (NAM	ES AND ADDRES	SES) ("X" BOX FOR A	ATTACHMENT)	<u> </u>	L
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	 		Director Name		
Street Address			Street Address		
City State Zip			City State Zip		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACHM	ENT)
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.),000	CNP	/ 100
This report must be executed on	hehalf of the como	ration by an outborized	representative if the or	proceeding is in the hands of	f a receiver or trustee
	his report must be	executed on behalf of t	he corporation by the re		a receiver or trastee,
File Date	D 10,50	AM	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,		
Check No AUG 11 2015 SZ :01 WY 11 904 ST82			and that all statements contained herein are true and correct.		
			Phillip (Cannava	8-7-15
By: By 254924 SNOILVER.			Signature of Authorized Representative Date		
FOR SECRETARY OF STATE USE OF S					
Form No. 630	/ U	LINEADG STATE	Print or Type Name of	of Authorized Representativ	e

Form No. 630 Revised: 01/2012