<pre> <sup>                                    </sup></pre>	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-304		
Limited Liability Con Annual Report			
Filing Period: September 1	- November 1		
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2018</u>		
1. ID No. <u>00048668</u>	<u>6</u>		
2. Exact Name of the Li	mited Liability Company <u>NATION</u>	NAL AVIATION SI	ERVICES, LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
the list of codes here. Mor	Code that best describes the primary re information on <u>NAICS</u> can be found		y the entity. Download
<u>488119</u>			
4. Brief Description of the	ne Character of the Business Which	is Actually Conduc	ted in Rhode Island
JANITORIAL AND IN	TERNER AIRCRAFT CLEANING	Ĵ	
5. Principal Office Addre	255		
	ORATION TRUST CENTER		
City or Town: <u>1209 ORANGE STREET</u> WILMINGTONState: <u>DE</u> Zip: <u>19801</u> Country: <u>USA</u>			
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact	Person:
Contact Name: Contact			
	<u>) BOX 3753</u> <u>)RRESVILLE</u> State: <u>NC</u>	Zip: <u>28117</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	f Each Manager of the Limited Liab RS	ility Company, if Ap	oplicable.
Title	Individual Name	hΔ	dress
	First, Middle, Last, Suffix		, State, Zip Code, Country
MANAGER	R. SCOTT GIBSON		CATAWBA AVENUE , NC 28031 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 3 Day of January, 2019 at 12:21:38 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By ANDREW GIBSON

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved