



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 FEB 22 PM 2:00

1. Entity ID Number 119616		2. Exact name of the Corporation Aires Support Services, Inc.			
3. Principal Office Address 876 East Road		City Tiverton		State RI	Zip 02878
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island To operate a consulting and support business to engineering and other businesses.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pamela Olsen			Vice-President Name None		
Street Address 876 East Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Pamela Olsen			Treasurer Name Pamela Olsen		
Street Address 876 East Road			Street Address 876 East Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		No Par	
11. 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.					
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.					
Name of Authorized Representative Pamela Olsen					Date 1.22.19
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED FEB 22 2019 BK 16M3R 2:00

MAIL TO:
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