RI SOS Filing Number: 202578259880 Date: 9/17/2025 2:43:00 PM



State of Rhode Island

Department of State - Business Services Division

Withdrawal of Statement of Qualification

FOREIGN Limited Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to withdraw the Statement of Registration of a Limited Partnership under and by virtue of the power conferred by <u>RIGL 7-13.1-1013</u>, hereby executes the following Statement to Withdraw the Statement of Registration of a Limited Partnership:

Statement to Withdraw the Statem	ent of Registration of a Lit	mited Partnership:	
Entity ID Number:	2. The name of the partnership is:		
•	ARAMARK AVIATION SERVICES LIMITED PARTNERSHIP		
000107208			
3. The date of filing of the Statem	ent of Registration is:		
07/02/1999			
Island.		rithdraws its registration to do busi	
5. The Partnership revokes the a	uthority of its agent to acc	cept service of process and conser	nts that service of process
in any action, suit or proceeding a	arising out of the transaction	on of business in the State of Rhoo	de Island may thereafter be
made on the Partnership by servi	ice thereof on the Departm	nent of State of the State of Rhode	Island.
6. The post office address to which may be served on the RI Departm	the Department of State	e may mail a copy of any process a	against the Partnership that
Street Address: 2400 Market Street,			
City/Town:	State:		Zip Code: 19103
Philadelphia,	PA	5.01.7	
7. The Partnership certifies that it	has no outstanding tax of	bligations. As required by RIGL 7-	13. 1-2.13, the Parthership has
paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov]			
8. Date when this Statement of Withdrawal will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declar accompanying attachments, and	e and affirm that I have ex that all statements contain	camined this Statement of Withdra ned herein are true and correct.	wal, including any
Type or Print Name of Authorized Pe			
Robert N. Deitz/	·		
Signature of Authorized Person			9/16/2025
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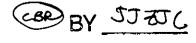
MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED2:43P

SEP 17 2025



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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 17, 2025 02:43 PM

Gregg M. Amore Secretary of State

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