

1. Entity ID No. 143899

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 2015

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

143033	All Airlin	All Airline Services, LLC				
3. State of Formation	4. Brief desc To Provid	4. Brief description of the character of business conducted in Rhode Island To Provide Baggage Delivery Services for Airlines				
5. Principal office address 69 Highpoint Drive			City Warwick	State Ri	Zip 02818	
	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Robert L. Jacob			Contact Title Manager			
Street Address 69 Highpoint Drive			City Warwick	State RI	Zip 02818	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Robert L. Jacob			Manager Name			
Street Address 69 Highpoint Drive			Street Address			
City Warwick	State RI	Zip 02818	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	ZIE	
8. RESIDENT AGENT IN R	HODE ISLAND				8 6 9	
This information is curren	tly of record in the	Office of the Secreta	ary of State. Changes require	e filing Form 642.	N Zaid	
	FI	LED m	-		ENEG NOR SINTE O AM 9: 51	
	NOV	2 0 2015				
	BY M	241594				
9:5) File Date			this report, includin	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.		
Check No			1 Take	the and	11/17/2015	
Ву:			Signature of Authoriz	éd Person	Date	

Robert L. Jacob

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY