

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

,	&c)) is subject to a penalty fee of			······································					
1 1D No.	· ·	2. Exact name of the limited liability company Professional Air Transportation, LLC							
112659									
3. State of Formation	1			ebich is actually conducted in Rhode Island					
Rhode Island	Buy, sell, owr	, lease and operate	aircraft						
5 Principal office address			Cit;	State	Zip				
144 Westminster Street			Providence	RI	02903				
	DRESS OF LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF CONTA	CT PERSON:					
Susan Leach DeBlasio, Esquire			:	Contact Title					
	Deblasio, Esquire			Attorney					
Street Address			City	Shife	77.				
Tillinghast Licht LLP, 10 Weybosset Street			Providence	RI	02903				
Manager Vame	and the first of the control of the	and the control of th	ED LIABILITY COMPANY, IF A ING ATTACHMENTS (*X* BO)	FOR ATTACHMENT)					
None									
Street Address			Street Address	Strevi Address					
City	Stette	Zqs	City	State	Ziβ				
Manager Name			Manager Name	Vanager Name					
Street Address			Street Address	Micel Address					
Cin	State	Zψ	City	State	Zıp				
8. RESIDENT AC	GENT IN RHODE ISLAND	DO NOT ALTER	Changes require filing of For	rm 642 - R.I.G.L. 7-	16-11				
Peter J. McGinn, Esquire			Tillinghast Licht L	Tillinghast Licht LLP					
Address			City:	City Zip					
10 Weybosset Street			Providence		02903				

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

112659

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Under negality of periury, I declare and affirm that I have examined this report, ts, and that all statements.

•	<u> </u>	370	including any accompanying schedules ar	
			meruding any accompanying schedules at	id statements, and that an state
			contained herein are true and correct.	
File Date			\sim $\cdot 0//$	
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			_ / MULAN // /ALCALO	9/00/01
Check No.	name in the early		Signature of Authorized Person	Date
B_{Y}			√William J. Piccerelli, Author	ized Representative
FOR SECRETARY OF STATE USE ONLY		ं पर्व	Print or Type Name of Authorized Person	