



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 112659		2. Exact name of the limited liability company Professional Air Transportation, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Buy, sell, own, lease and operate aircraft	
5. Principal office address 144 Westminster Street		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Susan Leach DeBlasio, Esquire		Contact Title Attorney	
Street Address Tillinghast Licht LLP, 10 Weybosset Street		City Providence	State RI
		Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Peter J. McGinn, Esquire		Address Tillinghast Licht LLP	
Address 10 Weybosset Street		City Providence	Zip 02903

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

FILED

112659

OCT 15 2007

By 039540

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.

File Date	01:01:18 17 SEP 2007
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

William J. Piccerelli 9/20/07
Signature of Authorized Person Date
William J. Piccerelli, Authorized Representative
Print or Type Name of Authorized Person