

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								
1. ID No								
100597	RRBC	C Associates, LLC						
3. State of Formation	ıı.	4. Brief description	m of the character of the b	usmess which is actually conducted in R	hode Island			
RHODE ISLAND Aircraft Leasing								
5 Principal office a				City	State	Ζ.φ		
c/o Hinckley, A	Allen & Sny	der LLP, 50 I	Kennedy Plaza, St	e. 1500 Providence	RI	02903		
	DRESS OF I	LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF CONTA	CT PERSON:			
Contact Name				Contact Title	Contact Tule			
Pasco Gasbar	ro Jr.					1.2		
Mreet Address				<i>City</i>	RI State	2φ 02903		
50 Kennedy Plaza, Suite 1500				Providence	Ki	02903		
7. NAME AND	ADDRESS O			ED LIABILITY COMPANY, IF A		<u>r list members</u>		
		FILL IN	SPACES BEFORE US	ING ATTACHMENTS ("X" BOX	FOR ATTACHMENT)	J		
Manager Name				Manager Name	Manager Name			
None								
Street Address			Street Address	Street Address				
				<u> </u>				
Clip		State	Zip	City	State	Zip		
						J		
Manager Name				Munager Name				
,								
Street Address				Street Address	Street Address			
		1	1.00		State	2.47		
Citts		State	Zip	City	State	Z.q/		
O DESIDENT A	CENT IN DI	HODE ISLAND	DO NOT ALTER	: Changes require filing of For	 m=642 = R.L.G.L. 7-16=	11		
Agent Name	COLUMN THE TAX	INCOME TO MAINTED	A D ITO A IRANAMAN - 1	Address				
HASLAW, LL	С			50 Kennedy Plaza	, Ste. 1500			
Address	-			CH_1	1	1/1		
Hinckley, Allen & Snyder LLP				Providence	02903			
minickley, Alle	ii a Siiydei	LLF		Flovidence		****		

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

100597

File Date FILED Check No.	
By FOR SECRETARY OF STATE USE ONLY	

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.

Bobert C Clement 10/4/0

Robert C. Clement

Print or Type Name of Authorized Person