



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. 124828		2. Exact name of the limited liability company OnAirWare, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island THE DEVELOPMENT AND MARKETING OF COMPUTER SOFTWARE, THE LICENSING, INSTALLATION AND SERVICING OF SAME			
5. Principal office address 20 Deer Path, #3		City Maynard	State MA	Zip 01754	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name John P. Haronian		Contact Title			
Street Address 20 Deer Path, #3		City Maynard	State MA	Zip 01754	
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) ☐					
Manager Name John P. Haronian		Manager Name None			
Street Address 20 Deer Path, #3		Street Address			
City Maynard	State MA	Zip 01754	City	State	Zip
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name HOWARD R. HARONIAN, ESQ.			Address HARONIAN, BRAMLEY & HARRINGTON, L		
Address 875 CENTERVILLE ROAD, BUILDING 2, UNIT 4B			City WARWICK	Zip 02886-	

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

FILED	
File Date	NOV 09 2007
Check No.	537
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.


Signature of Authorized Person
Date **10/30/07**
John P. Haronian
Print or Type Name of Authorized Person