

A. Ralph Mollis, Secretary of State Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$23.00.						
1. Corporate ID No.	2. Name of Corporation			***····		
91534	Chris AiRCRAFT I	NC.				
3. Street Address Principal Busis	ness Office	City	State	Zip		
22 Hichardy Alle		1) KINGSTOUT	$(a) \mid PT$	102851		

1. Corporate ID No. 2. Name of C					
91534 Chr	'S AIRCRAFT IN	<i>ا</i> ر ،			
3. Mreet Address Principal Business Office		City	State	Zip	
22 HIGHBANK AUE		City N. KING-STOWN	RI	02852	
4. Business Phone No.	าท	*****			
401-846-4550 6. Brief Description of the Character of Business Con	ISLAND				
6. Brief Description of the Character of Business Con	ducted in Rhode Island			100	
7. NAMES AND ADDRESSES OF THE OI		PACES BEFORE USIN	G ATTACHMENTS		
President Name	Vice President Name				
CHRIS DRAGO	<u>: ANDREW C7</u>	ANDREW CTHOMAS DRAGO			
Street Address		Street Address			
Street Address 22 HIGHBANK AUE City State N. KINGSTOWN R.I. Secretary Name		27 DIVISION	Street Address 27 DIVISION ST APT # 1 A City State Zip 6. GREENWICH R.I. 02818		
N, KINGSTOWN State	Zip 6 O CZ C O	City	State	Zip	
N. KINGSIOWN N.I.	62852	E GKEENWIC	$H \mid \mathcal{K} \mathcal{L}$	02818	
		Treasurer Name			
HEATHER DANIN C	ORSON				
161 SACHEM RD		Street Address	Street Address		
City State	1-2-				
CHY SHARRAGANSETT SHARRAGANSETT R. I	7. Zip 02882	Cuy	State	Ζip	
8. NAMES AND ADDRESSES OF THE DI	BECTODS. ("V" BOY BOD	ATTACISHENT) ET TILL IN	CDA CEC DECORE TO		
Director Name	RECTORS: (A BOA FOR A	Director Name	SPACES BEFORE USI	NG ATTACHMENTS	
	15H ELLIN AVAILISE				
CHRIS DRAGO Sircet Address	Street Address	Street Address			
22 HIGHBANK AUE. State N. KINGSTOWN RI					
City State	Zip	City	State	Zψ	
N. KILLIGSTOUN) RI	02852			2.47	
Director Name	· Director Name				
Street Address	Street Address				
City State	Ζψ	City:	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FO	R ATTACHMENT) [10. SHARES ISSUED (("X" BOX FOR ATTAC	CHMENT) 🖂	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECT			
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1 44 7 24 7 24 7 24 7					
1,000 NO PAR VALL	N'ONE				
This report must be executed on behalf of	the corporation by an author	ized representative. If the cor	rporation is in the han	ds of a receiver or trustee	

this report must be executed on behalf of the corporation by the receiver or trustee.

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement			
File Date FILED	contained herein are true and correct.			
Check No. JAN 0.3 2008	Signature Date Chris D5G96			
FOR SECRETARY OF STATE USE ONLY	Print or Type Name Residon			
	Title			