



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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 \$25.00.**

1. Corporate ID No. 120959		2. Name of Corporation CASSISAIR, INC. CARRISAIR, INC.			
3. Street Address Principal Business Office 96 Westmoreland Street			City Narragansett	State RI	Zip 02882
4. Business Phone No. (401) 466-5907		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island the ownership and operation of aircraft					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Andrew R. Transue			Vice President Name Hillary I. Transue		
Street Address 96 Westmoreland Street			Street Address 96 Westmoreland Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Hillary I. Transue			Treasurer Name Hillary I. Transue		
Street Address 96 Westmoreland Street			Street Address 96 Westmoreland Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Andrew R. Transue			Director Name Hillary I. Transue		
Street Address 96 Westmoreland Street			Street Address 96 Westmoreland Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			500	Common	No Par Value
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	MAR 02 2009
Check No.	
By: <u>476</u>	
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.

Andrew R. Transue 2/25/09
Signature Date

Andrew R. Transue

Print or Type Name

President

Title