



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 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 149623		2. Exact name of the limited liability company NightPilot LLC	
3. State of Formation R.I.		4. Brief description of the character of the business which is actually conducted in Rhode Island U.S.A Design and quality control of Star and Constellation teaching device.	
5. Principal office address 80 Hamlin Street		City Providence	State R.I.
		Zip 02907	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Dr. Hendrik J. Gerritsen		Contact Title CEO	
Street Address 80 Hamlin Street		City Providence	State R.I.
		Zip 02907	
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 Dr Hendrik J. Gerritsen		Manager Name _____	
Street Address 80 Hamlin Street		Street Address _____	
City Providence	State R.I.	City _____	State _____
Zip 02907		Zip _____	
Manager Name _____		Manager Name _____	
Street Address _____		Street Address _____	
City _____	State _____	City _____	State _____
Zip _____		Zip _____	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

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

File Date	FILED
Check No.	OCT 30 2009
By:	By 109
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.

Hendrik J. Gerritsen **Oct 28 2009**
Signature of Authorized Person Date
Hendrik J. Gerritsen
Print or Type Name of Authorized Person