



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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(c), 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporation ID No. 9147		2. Name of Corporation P.T. Aero Service, Inc.			
3. Principal Business Office 650 Airport Rd., Hangar #1, State Airport			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-737-7788		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Aircraft Maintenance					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James A. Thistlewaite			Vice President Name James A. Thistlewaite		
Street Address 5 Kennedy Drive			Street Address 5 Kennedy Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name James A. Thistlewaite			Treasurer Name James A. Thistlewaite		
Street Address 5 Kennedy Drive			Street Address 5 Kennedy Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
None					
THIS SECTION MUST BE COMPLETED					

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.

File Date **FILED**
May 21 2010
By 14-094746194
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 James A. Thistlewaite Date May 19, 2010
Print or Type Name
President
Title