



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 2011

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. 52711		2. Name of Corporation COPTERS OF NEW ENGLAND, INC.			
3. Street Address Principal Business Office PO BOX 262/10 GEORGE STREET			City CHARLESTOWN	State RI	Zip 02813
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island HELICOPTER TRAINING AND SALES, SERVICES					
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MITCHELL B. ROSS			Vice President Name MITCHELL B. ROSS		
Street Address 16 OLD COLONY LANE			Street Address 16 OLD COLONY LANE		
City LEDYARD	State CT	Zip 06339	City LEDYARD	State CT	Zip 06339
Secretary Name MITCHELL B. ROSS			Treasurer Name MITCHELL B. ROSS		
Street Address 16 OLD COLONY LANE			Street Address 16 OLD COLONY LANE		
City LEDYARD	State CT	Zip 06339	City LEDYARD	State CT	Zip 06339
NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MITCHELL B. ROSS			Director Name NONE		
Street Address 16 OLD COLONY LANE			Street Address		
City LEDYARD	State CT	Zip 06339	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares 100	Class/Series COMMON	Par Value NO PAR
			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.

FILED

FEB 07 2011

By MNC
3312

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 MNC
Date 2/04/11
MITCHELL B. ROSS
Print or Type Name
PRESIDENT
Title

