



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 67766		2. Exact name of the Corporation REEVES AIR, INC.			
3. Principal office address 56 AIRPORT ROAD			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-596-8559			5. State of Incorporation CONNECTICUT		
6. Brief description of the character of business conducted in Rhode Island AIRCRAFT REPAIRS AND MAINTENANCE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL A. REEVES			Vice-President Name DIANE REEVES		
Street Address 26 COSMO ROAD			Street Address 26 COSMO ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name DIANE REEVES			Treasurer Name MICHAEL A REEVES		
Street Address 26 COSMO ROAD			Street Address 26 COSMO ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					
5000		COMMON	\$10.00		

FILED

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 **FEB 06 2012**

Check No **26466**

By: _____

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] **2-3-2012**
 Signature of Authorized Representative Date

Michael A. Reeves
 Print or Type Name of Authorized Representative

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