

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with St. Gl. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00

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1. Corporate ID No.		2. Name of Corporation					
88368		Angel Planes, Inc.					
3. State of Incorporation	4. Corporate ada	4. Corporate address in Rhode Island - Street Address City Zip					
RI	4 Richmond	d Square		Providence	02906		
5. Foreign corporation. Enter	principal office addres	N.	City	State	Zip		
6. Brief Description of the chara					<u> </u>		
Facilitate air transportat	ion for medically r	needy children and their	families.				
7. NAMES AND ADDRES	SSES OF THE OFF	FICERS: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN SPA	CES BEFORE USING AT	TACHMENTS		
President Name			Vice President Name				
Gary R. St. Peter			Jeffrey W. Kasle				
Street Address			Street Address				
4 Richmond Square			4 Richmond Square				
City	State	Zip	City	State	Zip		
Providence	Ri	02906	Providence	RI	02906		
Secretary Name			Treasurer Name				
Kimberly Peters			Richard A. Furia				
Street Address			Street Address				
4 Richmond Square			4 Richmond Square				
City	State	Zip	City	State	Zip		
Providence	RI	02906	Providence	l RI	02906		
8. NAMES AND ADDRE	SSES OF THE DIR	ECTORS: ("X" BOX FOR	<i>attachment</i>) 🗌 fill in SP/	ACES BEFORE USING A	ITACHMENTS		
THE NUMBER OF DIRI	CTORS OF A DO	MESTIC (RHODE ISLA)	ND) CORPORATION <u>SHALL</u>	NOT BE LESS THAN T	HREE (3). R.I.G.L. 7-6-23		
Director Name			Director Name	Director Name			
Gary R. St. Peter			Jeffrey W. Kasle				
Street Address			Street Address				
4 Richmond Square			4 Richmond Square				
City	State	Zip	City	State	Zip		
Providence	RI	02906	Providence	RI	02906		
Director Name			Director Name				
Richard A. Furia							
Street Address			Street Address				
4 Richmond Square							
City	State	Zip	City	State	Zip		
Providence	RI	02906	l				
9. REGISTERED AGENT	IN RHODE ISLA	ND - DO NOT ALTER -	Changes require filing of F	orm 641 - R.I.G.L. 7-6-	13 / 7-6-78		
Agent Name			Address				
Gary R. St. Peter							
Address			City Zip				
4 Richmond Square			Providence 0290		906		
This report r	nust be signed by	either the President, Vice	e President, Secretary, Assista	ant Secretary, Treasurer,	Receiver or Trustee		

8 8 3 6 8		Under penalty of perjury, I declare and affirm that I have examined this report, inelloging any accompanying schedules and statements, and that all
File Date Check No.	OCT 2 2 2012	statements frontained herein are true and correct. Signature of Officer Signature of Officer St. St. Peter
By: FOR SECRETARY OF STATE USE ONLY	1898	Print or Type Name of Officer President Title of Officer From 631 Rev. 12/06