



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 2013

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. 865		2. Exact name of the Corporation Richmond Airport, Inc.			
3. Principal office address 23 Heaton Orchard Rd		City West Kingston	State RI	Zip 02892-1141	
4. Business Phone No. 401-783-1498		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To deal in aircraft, operate an airport, lease buildings, sell fuel					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Clyde B. Gordon, Jr.			Vice-President Name Sally D. Gordon		
Street Address 38 Heaton Orchard Rd			Street Address 38 Heaton Orchard Rd		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Sally D. Gordon			Treasurer Name Clyde B. Gordon, Jr.		
Street Address 38 Heaton Orchard Rd			Street Address 38 Heaton Orchard Rd		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Clyde B. Gordon, Jr			Director Name Sally D. Gordon		
Street Address 38 Heaton Orchard Rd			Street Address 38 Heaton Orchard Rd		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	COMMON	NO PAR VALUE

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 17 2013

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.

Clyde B. Gordon, Jr.
Signature of Authorized Representative

01/14/2013

Date

Clyde B. Gordon, Jr

Print or Type Name of Authorized Representative

By *MMC*
CH # 3355