



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. 14941		2. Exact name of the Corporation New England Airlines			
3. Principal office address 56 Airport Road		City Westerly	State RI	Zip 02891	
4. Business Phone No. 401-596-2460		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Air charter service, commercial airline, scheduled flights to/from Block Island, Rhode Island					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William G. Bendokas			Vice-President Name William G. Bendokas		
Street Address 66 Elm Street, #21			Street Address 66 Elm Street, #21		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name William G. Bendokas			Treasurer Name William G. Bendokas		
Street Address 66 Elm Street, #21			Street Address 66 Elm Street, #21		
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 William G. Bendokas			Director Name		
Street Address 66 Elm Street, #21			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 No Par Value			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
			100	Common	None

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

Check No _____

FEB 28 2013

By: _____

1529

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.

William G. Bendokas

02/20/2013

Signature of Authorized Representative

Date

William G. Bendokas, President

Print or Type Name of Authorized Representative