



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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |       |   |      |                    |                     |
|---|-------|---|------|--------------------|---------------------|
| 1. Entity ID No.<br><b>505659</b>   |       | 2. Exact name of the limited liability company<br><b>Rhode Island Air, LLC</b>  |      |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>To own and operate an aircraft.</b> |      |                    |                     |
| 5. Principal office address<br><b>100 Prospect Street</b>   |       | City<br><b>Providence</b>   |      | State<br><b>RI</b> | Zip<br><b>02906</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |      |                    |                     |
| Contact Name<br><b>Michael Gilson, M.D.</b>   |       | Contact Title   |      |                    |                     |
| Street Address<br><b>100 Prospect Street</b>  |       | City<br><b>Providence</b>   |      | State<br><b>RI</b> | Zip<br><b>02906</b> |
| 7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |      |                    |                     |
| Manager Name  |       | Manager Name  |      |                    |                     |
| Street Address  |       | Street Address  |      |                    |                     |
| City  | State | Zip   | City | State              | Zip                 |
| Manager Name  |       | Manager Name  |      |                    |                     |
| Street Address  |       | Street Address  |      |                    |                     |
| City  | State | Zip   | City | State              | Zip                 |
| 8. RESIDENT AGENT IN RHODE ISLAND   |       |   |      |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |   |      |                    |                     |

**FILED**

OCT 24 2013

BY 4013

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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 of Authorized Person

Date

**Michael Gilson, M.D.**

Print or Type Name of Authorized Person