



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(6)) is subject to a penalty fee of \$25.00.

1. ID No 140550	2. Exact name of the limited liability company Sparkwizard, LLC		
3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island Manage expenses of private/ rental aircraft		
5. Principal office address 19E Lark Industrial Pkwy	City Greenville	State RI	Zip 02828
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Steven A Dorazio Contact Title Manager/Agent			
Street Address 19E Lark Industrial Pkwy	City Greenville	State RI	Zip 02828
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Steven A Dorazio		Manager Name Steven R Dorazio	
Street Address 19E Lark Industrial Pkwy		Street Address 19E Lark Industrial Pkwy	
City Greenville	State RI	Zip 02828	City Greenville
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

NOV 06 2013

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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.

Steven R. Dorazio 11/1/13
Signature of Authorized Person Date

STEVEN R. DORAZIO
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____

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