



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 **2014**

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>117727</b>                                                                                                                                                   |       | 2. Exact name of the limited liability company<br><b>CHALLENGER AIRCRAFT CHARTERS, 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>CHARTERS</b> |                    |                     |     |
| 5. Principal office address<br><b>8 FREEBODY STREET</b>                                                                                                                             |       | City<br><b>NEWPORT</b>                                                                         | State<br><b>RI</b> | Zip<br><b>02840</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                |       |                                                                                                |                    |                     |     |
| Contact Name<br><b>JAMES F. HYMAN</b>                                                                                                                                               |       | Contact Title<br><b>REGISTERED AGENT</b>                                                       |                    |                     |     |
| Street Address<br><b>8 FREEBODY STREET</b>                                                                                                                                          |       | City<br><b>NEWPORT</b>                                                                         | State<br><b>RI</b> | Zip<br><b>02840</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 20 2014

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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

JAMES R. GLIDEWELL

Print or Type Name of Authorized Person