

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

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. | 2. Exact na | me of the limited liat | pility company | | | | |
|--|-------------------|------------------------|--|--------------------|---------------------|--|--|
| 795056 | EASTO | EASTOVER AIR, LLC | | | | | |
| 3. State of Formation | 4. Brief des | cription of the chara | AND OPERATION OF AIRCRAFT | | | | |
| RI | | | | | | | |
| 5. Principal office address 227 EASTOVER ROAD | | | City PORTSMOUTH | State Ri | Zip 02871 | | |
| 6. MAILING ADDRESS OF | F LIMITED LIABILI | TY COMPANY AND | NAME OR TITLE OF CONTACT PER | RSON: | | | |
| JEFFREY M. SIEGAL | | Contact Title | | | | | |
| Street Address 227 EASTOVER ROAD | | | City PORSTMOUTH | State RI | Zip 02871 | | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | (NAMES AND ADI | DRESSES) OF THE | LIMITED LIABILITY COMPANY, IF A | PPLICABLE - DO | NOT LIST MEMBERS | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | State Zip | City | State Zip | | | |
| | | | | | | | |
| | | | | | | | |
| B. RESIDENT AGENT IN R | | | retary of State. Changes require filin | | | | |

FILED

BY 33749

| File Date | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements | | |
|---------------------------------|--|---------------------|--|
| Check No | and that all statements contained herein ar | e true and correct. | |
| Ву: | Signature of Avithorized Person | Date | |
| FOR SECRETARY OF STATE USE ONLY | JEFFREY M. SIEGAL | | |
| | Print or Type Name of Authorized Person | | |

Form No. 632 Revised: 01/2012