

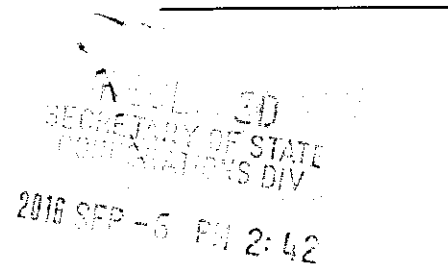


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.



1. Entity ID Number 001335181		2. Exact name of the Corporation TACV-CABO VERDE AIRLINES			
3. Principal Office Address AVENIDA AMILCAR CABRAL		City PRAIA		State CVI	Zip
4. Business Phone Number		5. State of Incorporation CAPE VERDE			
6. Brief description of the character of business conducted in Rhode Island AIRLINE BUSINESS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSE LUIS SA NOGUEIRA			Vice-President Name ARMINDO SOUSA		
Street Address AVENIDA AMILCAR CABRAL			Street Address AVENIDA AMILCAR CABRAL		
City PRAIA	State CVI	Zip	City PRAIA	State CVI	Zip
Secretary Name ANA RAMOS			Treasurer Name GARMANO VAZ		
Street Address AVENIDA AMILCAR CABRAL			Street Address AVENIDA AMILCAR CABRAL		
City PRAIA	State CVI	Zip	City PRAIA	State CVI	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. 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. 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.					
Name of Authorized Representative ALEXANDRE FURTADO					Date 08/02/2016
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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