



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>14941</b>		2. Exact name of the Corporation <b>New England Airlines, Inc.</b>	
3. Principal office address <b>56 Airport Road</b>		City <b>Westerly</b>	State <b>RI</b>
		Zip <b>02891</b>	
4. Business Phone No. <b>401-596-2460</b>		5. State of Incorporation <b>Rhode Island</b>	
6. Brief description of the character of business conducted in Rhode Island <b>air charter service, commercial airline, scheduled flights to/from Block Island</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (* X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>William G. Bendokas</b>		Vice-President Name <b>William G. Bendokas</b>	
Street Address <b>66 Elm Street # 21</b>		Street Address <b>66 Elm Street # 21</b>	
City <b>Westerly</b>	State <b>RI</b>	City <b>Westerly</b>	State <b>RI</b>
Secretary Name <b>William G. Bendokas</b>		Treasurer Name <b>William G. Bendokas</b>	
Street Address <b>66 Elm Street # 21</b>		Street Address <b>66 Elm Street # 21</b>	
City <b>Westerly</b>	State <b>RI</b>	City <b>Westerly</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (* X* BOX FOR ATTACHMENT) <input type="checkbox"/>		8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (* X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
Director Name <b>William G. Bendokas</b>		Director Name	
Street Address <b>66 Elm Street # 21</b>		Street Address	
City <b>Westerly</b>	State <b>RI</b>	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED (* X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>100</b>	<b>0</b>

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.

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

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

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

FOR SECRETARY OF STATE USE ONLY

**FILED**

**FEB 03 2017**

BY 3547

*KUM*

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.

*William G. Bendokas* 1/31/17  
 Signature of Authorized Representative Date

William G. Bendokas  
 Print or Type Name of Authorized Representative