s s	tate of Rhode Island and Office of the Secr			IS Fee: \$50.0
HOPE	Division Of Busin 148 W. Rive Providence RI 0 (401) 222-	er Street 2904-2615		
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability c n thirty (30) days after the time pr penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2016</u>			
1. ID No. <u>000592709</u>)			
2. Exact Name of the Li	mited Liability Company <u>AIR</u>	Ventures Fl	ying School LL	<u>C</u>
3. State of Formation				
State: <u>RI</u>				
	ARTICLE I	11		
Using the following NAICS	codes, please select the code th	at best desc	ribes your busin	ess.
NAICS Code			6	81
4. Brief Description of th	e Character of the Business Wi	nich is Actu	ually Conducted	
			,	
FLIGHT TRAINING A	ND PILOT SERVICES			
5. Principal Office Addre	SS			
	ENCKES HILL ROAD	~ ~~		
City or Town: <u>SMI1</u>	<u>'HFIELD</u>	State: <u>RI</u>	Zip: <u>02917</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Na	ame or Title	e of Contact Pe	rson:
	AS AUCLAIR Contact Title: MEI ENCKES HILL ROAD	<u>/IBER</u>		
	IFIELD	State: <u>RI</u>	Zip: <u>02917</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited । २S	.iability Co	mpany, if Appl	icable.
Title	Individual Name		Addro	ess

DOUGLAS AUCLAIR 300 JENCKES HILL ROAD SMITHFIELD , RI 02917

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

Signed this 22 Day of February, 2017 at 11:23:25 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DOUGLAS AUCLAIR

Signature of Authorized Person

Form No. 632 Revised 09/07

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