RI SOS Filing Number: 201734929870 Date: 2/27/2017 12:52:00 PM



## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby: 1. The name of the limited liability company is: Newport Air Services, LLC 2. The name and address of the initial resident agent/office in Rhode Island is: Name Adam D. Ginn Street Address (NOT a P.O. Box) 62A Village Green North City/Town State Zip Code Riverside 02915 RHODE ISLAND 3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (check ONE box): partnership or a corporation or disregarded as an entity separate from its member 4. The address of the principal office of the limited liability company if it is determined at the time of organization: Street Address 211 Airport Access Road City/Town Zip Code State 02842 Middletown Rhode Island 5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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Д. А. 12:52 P.M.
FORM 400 - Revised: 09/2016

<ol><li>Additional provisions, if any, no of Organization, including, but no company is formed, and any other</li></ol>	t limited to, any limita	tion o	f the purpose(s)	or duration fo	r which the limite					
The Limited	Liability Co	ompa	ny may be	governe	d by an					
Operating Agreement	•									
				<b>.</b>						
7 Thu 15 - 9 - 4 15 - 19 - 10 - 1				Check this t	oox to indicate a	ttachment.				
7. The Limited Liability Company	is to be managed by:									
You MUST check one box:  X Its member(s) (If you have c	hecked this box, skip	to Se	ction 8. Do not	fill out the cha	rt below.)					
One (1) or more manager(s) of Organization, state the nar				er(s) at the tim	ne of the filing of	these Articles				
MANAGER	ADDRESS				<u> </u>					
					<u></u>					
.,	·									
						·				
8. Date when these Articles of Org	ganization will be effe	ctive:	CHECK ONLY	ONE BOX						
X Date received (Upon filing)										
Later effective date (Date mu	ist be no more than 3	0 day	s from the day o	f filing)						
Under penalty of perjury, I declare accompanying attachments, and t					zation, including	any				
Name of Authorized Person			Address							
Adam D. Ginn			62A Village Green North							
City/Town			State		Zip Code					
Riverside			Rhode Isl	Land	02915					
Signature of Authorized Person				Date						
	HER	E		02/21/17						
Adam	,_,,,,									

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

February 27, 2017 12:52 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

