## **Articles of Organization**

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	nization are adopted for	
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 Riverside	State RHODE ISLAND	Zip Code 02915
<ol><li>Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of</li></ol>		
partnership <b>or</b>		
XX a corporation <b>or</b>		
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	State	Zip Code
Middletown	Rhode Island	02842
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization.		
		R.I. DEFECE BUS SVC
MAIL TO:	=n	S SVCS DIVES

MAIL 10:

**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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<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		62	62A Village Green North				
City/Town			State		Zip Code		
Riverside			Rhode Isl	Land	02915		
Signature of Authorized Person					Date		
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Adam			, Camp		,_,,,,		