RI SOS Filing Number: 201742353980 Date: 5/1/2017 11:40:00 AM

1800 TO	nd Providence Plantations tate - Business Services I	Division			
Fictitious Business Name Statement DOMESTIC or FOREIGN Business Corporation → Filing Fee: \$50.00 Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a				R.I. DEP 1. OF STATE BUS SYCE DIV	
fictitious business name: 1. Entity ID Number 2. Exact Name of the Corporation				£* [1]	
450950	Bird's Eye View Inc.	IOII		0	
3. List the fictitious business name to be used:					
Newport Helicopter Tours					
4. List the state or country the	5. List the date of incorporation:				
Rhode Island		07/02/08			
6. List the address of its regis	tered office within Rhode Island:				
Street Address 211 Airport Access road					
City Middletown		State RHODE ISLAND	Zip 028 4	ip 02842	
7. List the business in which it is engaged:					
Helicopter Services					
8. Applicant is otherwise auth	orized to do business in the state	e of Rhode Island.			
Under penalty of perjury, i of the information contained h	leclare and affirm that I have e perein is true and correct.	examined this Fictitious Bus	iness Nan	ne State and that	
Name of Authorized Officer of the Corporation			Date		
Jettray Cadman			04/25/1	7	
Signature of Authorized Office	$^{\prime}$ $^{\prime}$				

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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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:

May 01, 2017 11:40 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

