State of Rhode Island and Providence Plantations Office of the Secretary of State         Division of Business Services Haw River Street Providence RI 02904-2615 (401) 222-3040         Image Records September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each Imiled Hability company falling or refusing to the is annual report whim thrity (30) days after the time prescribed by law (R.I.G.L. 7- 666(b.G.) is subject to a penalty fee of \$25.00         ANNUAL REPORT YEAR: 2017         1. ID No. 000126964         2. Exact Name of the Limited Liability Company AIR SHARES, LLC         3. State of Formation State: RI         State of Formation         State: RI         NAICS Code blow, setter the classification tile that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island OWNERSHIP AND LEASING OF AIRCRAFT         State: MA Zip: 02771 Country: USA         A Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>BAVD TAPALIAN</u> Contact Title: No. and Street: <u>MAD TAPALIAN Contact Title</u> ; No and Street: <u>MAD TAPALIAN Contact Title</u> ; No					
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lib its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No. 000126964         2. Exact Name of the Limited Liability Company AIR SHARES, LLC         3. State of Formation         State: R] <b>ARTICLE III</b> Using the dropdown labeled NAICS Code below, select the classification tills that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         INAICS Code       §1         A BI         A BI         A BI         A state: MA Zip: 02771 Country: USA         OWNERSHIP AND LEASING OF AIRCRAFT         OWNERSHIP AND LEASING OF AIRCRAFT         Contact Name: <u>DAVID TAPALIAN Contact Title:</u> No. and Street: <u>44 DAVIS STREET</u> City or Town: <u>SEEKONK</u> State: Ri Zip: 02903 Count	s s			Fee: \$50.00	
Limited Liability Company Annual Report Filing Poriod: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&C)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000126964 2. Exact Name of the Limited Liability Company AIR SHARES, LLC 3. State of Formation State: RI Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here. NAICS Code <u>81</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island OWNERSHIP AND LEASING OF AIRCRAFT 5. Principal Office Address No, and Street: <u>44 DAVIS STREET</u> City or Town: <u>SEEKONK</u> State: <u>MA</u> Zip: 02771 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>DAVID TAPALIAN</u> Contact Title: No, and Street: <u>350 SOUTH MAIN STREET</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: 02903 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS		148 W. River S Providence RI 0290	treet )4-2615		
Annual Report         Filing Period: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       000126964         2. Exact Name of the Limited Liability Company AIR SHARES, LLC         3. State of Formation         State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here</u> .         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         OWNERSHIP AND LEASING OF AIRCRAFT         5. Principal Office Address         No. and Street:       44 DAVIS STREET         City or Town:       SEEKONK       State: MA         So SOUTH MAIN STREET       Contact Person:         Contact Name:       DAVID TAPALIAN Contact Title:         No. and Street:       350 SOUTH MAIN STREET         City or Town:       DEQUID TAPALIAN C	HOPE	×			
Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.  ANNUAL REPORT YEAR: 2017  1. ID No. 000126964  2. Exact Name of the Limited Liability Company AIR SHARES, LLC  3. State of Formation State: RI  Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification dick here.  NAICS Code  81  4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island OWNERSHIP AND LEASING OF AIRCRAFT  5. Principal Office Address No. and Street: 44 DAVIS STREET City or Town: SEEKONK State: MA zip: 02771 Country: USA  6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: DAVID TAPALIAN Contact Title: No. and Street: 350 SOUTH MAIN STREET City or Town: PROVIDENCE State: RI zip: 02903 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.		pany			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.  ANNUAL REPORT YEAR: 2017  1. ID No. 000126964  2. Exact Name of the Limited Liability Company AIR SHARES, LLC  3. State of Formation State: RI  Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.  NAICS Code  NAICS C		- November 1			
1. ID No.       000126964         2. Exact Name of the Limited Liability Company AIR SHARES, LLC         3. State of Formation         State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         OWNERSHIP AND LEASING OF AIRCRAFT         5. Principal Office Address         No. and Street:       44 DAVIS STREET         City or Town:       SEEKONK         State:       MA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       DAVID TAPALIAN Contact Title:         No. and Street:       350 SOUTH MAIN STREET         City or Town:       PROVIDENCE         State: RI       Zip: 02903         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.	to file its annual report withi	n thirty (30) days after the time presc			
2. Exact Name of the Limited Liability Company AIR SHARES, LLC 3. State of Formation State: RI  Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here</u> .  NAICS Code  NAICS Cod	ANNUAL REPORT YEAR: 2017				
3. State of Formation         State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island       0WNERSHIP AND LEASING OF AIRCRAFT         5. Principal Office Address       No. and Street:       44 DAVIS STREET         City or Town:       SEEKONK       State: MA       zip: 02771       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       DAVID TAPALIAN Contact Title:       No. and Street:       350 SOUTH MAIN STREET         City or Town:       PROVIDENCE       State: RI       zip: 02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       D NOT LIST MEMBERS	1. ID No. 000126964				
State: RI         ARTICLE III         Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.         NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island       OWNERSHIP AND LEASING OF AIRCRAFT         5. Principal Office Address       81         No. and Street:       44 DAVIS STREET         City or Town:       SEEKONK         State: MA       Zip: 02771         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: <u>DAVID TAPALIAN</u> Contact Title:         No. and Street: <u>350 SOUTH MAIN STREET</u> City or Town:       PROVIDENCE         State: RI       Zip: 02903         Country: USA <b>7.</b> Name and Address of Each Manager of the Limited Liability Company, if Applicable.	2. Exact Name of the Limited Liability Company <u>AIR SHARES, LLC</u>				
ARTICLE III Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> NAICS Code  NAICS Code  8  A. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island OWNERSHIP AND LEASING OF AIRCRAFT  5. Principal Office Address No. and Street: <u>44 DAVIS STREET</u> City or Town: <u>SEEKONK</u> State: <u>MA</u> Zip: <u>02771</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>DAVID TAPALIAN Contact Title:</u> No. and Street: <u>350 SOUTH MAIN STREET</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02903</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	3. State of Formation				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> NAICS Code       81         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         OWNERSHIP AND LEASING OF AIRCRAFT         5. Principal Office Address         No. and Street:       44 DAVIS STREET         City or Town:       SEEKONK         State:       MAIC         Contact Name:       DAVID TAPALIAN Contact Title:         No. and Street:       350 SOUTH MAIN STREET         City or Town:       PROVIDENCE         State:       RI         Zip:       02903         Country:       USA         Contact Name:       DAVID TAPALIAN Contact Title:         No. and Street:       350 SOUTH MAIN STREET         City or Town:       PROVIDENCE       State: RI       Zip: 02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS	State: <u>RI</u>				
of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> NAICS Code <u>81</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>OWNERSHIP AND LEASING OF AIRCRAFT</u> 5. Principal Office Address No. and Street: <u>44 DAVIS STREET</u> City or Town: <u>SEEKONK</u> State: <u>MA</u> Zip: <u>02771</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>DAVID TAPALIAN Contact Title:</u> No. and Street: <u>350 SOUTH MAIN STREET</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> zip: <u>02903</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         OWNERSHIP AND LEASING OF AIRCRAFT         5. Principal Office Address         No. and Street:       44 DAVIS STREET SEEKONK         City or Town:       SEEKONK         State:       MA         Zip:       02771         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       DAVID TAPALIAN Contact Title: No. and Street:         No. and Street:       350 SOUTH MAIN STREET City or Town:         PROVIDENCE       State:         RI       Zip:       02903         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here</u> .				
OWNERSHIP AND LEASING OF AIRCRAFT         5. Principal Office Address         No. and Street:       44 DAVIS STREET         City or Town:       SEEKONK         SEEKONK       State: MA       Zip: 02771         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       DAVID TAPALIAN Contact Title:         No. and Street:       350 SOUTH MAIN STREET         City or Town:       PROVIDENCE       State: RI         Zip: 02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS	INAICS Code		<u>    6    81</u>		
No. and Street:       44 DAVIS STREET         City or Town:       SEEKONK         SEEKONK       State: MA         Zip:       02771         Country:       USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       DAVID TAPALIAN Contact Title:         No. and Street:       350 SOUTH MAIN STREET         City or Town:       PROVIDENCE         State:       RI         Zip:       02903         Country:       USA					
City or Town:       SEEKONK       State: MA       Zip:       02771       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       DAVID TAPALIAN Contact Title:         No. and Street:       350 SOUTH MAIN STREET       State: RI       Zip:       02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS	5. Principal Office Addre	SS			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       DAVID TAPALIAN Contact Title:         No. and Street:       350 SOUTH MAIN STREET         City or Town:       PROVIDENCE         State:       RI         Zip:       02903         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS					
Contact Name:       DAVID TAPALIAN Contact Title:         No. and Street:       350 SOUTH MAIN STREET         City or Town:       PROVIDENCE         State:       RI         Zip:       02903         Country:       USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS	City or Town:     SEEKONK     State: MA     Zip: 02771     Country: USA				
No. and Street:       350 SOUTH MAIN STREET         City or Town:       PROVIDENCE         State:       RI         Zip:       02903         Country:       USA	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
City or Town:       PROVIDENCE       State: RI       Zip:       02903       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
DO NOT LIST MEMBERS					
Title Individual Name Address					
	Title	Individual Name	Address		
First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country		First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	ode, Country	

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID C. TAPALIAN, ESQ. 100 NORTH MAIN STREET, SUITE 300 PROVIDENCE, RI 02903

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

**Signed this 31 Day of August, 2017 at 9:19:51 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 DAVID TAPALIAN

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved