	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2017</u>		
1. ID No. <u>00010544</u>	2		
2. Exact Name of the L	imited Liability Company <u>EPIC A</u>	VIATION, LLC	
3. State of Formation			
State: OR			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found	-	ity. Download
<u>424720</u>			
4. Brief Description of the	ne Character of the Business Which	is Actually Conducted in RI	ode Island
WHOLESALER AVIA	TION FUEL PRODUCTS		
5. Principal Office Addre	288		
	AIRVIEW INDUSTRIAL DRIVE		
	n: <u>SALEM</u> State: <u>OR</u> Zip: <u>97302</u> Country: <u>USA</u>		
6. Mailing Address of L	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact	Title:		
	<u>D. BOX 12249</u> <u>LEM</u> State: <u>OR</u>	Zip: <u>97309</u> Count	ry: <u>USA</u>
7. Name and Address o DO NOT LIST MEMBE	f Each Manager of the Limited Liab RS	ility Company, if Applicable	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
MANAGER	WILLIAM S CONLEY	3871 FAIRVIEW INDUSTRIAL SALEM, OR 97302 US	

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

Signed this 23 Day of October, 2017 at 3:20:54 PM 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 WILLIAM S CONLEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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