RI SOS Filing Number: 201752924240 Date: 11/2/2017 4:00:00 PM

State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

**STAMP**
FOR SECRETARY OF STATE USE ONLY

**Annual Report for the year: 2017**
**Limited Liability Company**

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | |
|---|---|---|---|
| **541286** | **MOONEY TRAVEL, LLC** | | |
| 3. NAICS Code 812990<br>**81 - Other Services (except Pı** | 4. Brief description of the character of business conducted in Rhode Island<br>**PURCHASE AND OPERATION OF AIRCRAFT OF ALL KINDS AND DESCRIPTIONS** | | |
| 5. State of Formation<br>**RHODE ISLAND** | | | |
| 6. Principal Office Address<br>**38 BELLEVUE AVENUE, SUITE H** | City<br>**NEWPORT** | State<br>**RI** | Zip<br>**02840** |

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

| Contact Name **GENE S. HAGOOD** | Contact Title **MEMBER** | | |
|---|---|---|---|
| Street Address **1520 EAST HIGHWAY 6** | City **ALVIN** | State **TX** | Zip **77511** |

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

| Manager Name | | | Manager Name | | |
|---|---|---|---|---|---|
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

***Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.***

| Name of Authorized Person | Date |
|---|---|
| **GENE S. HAGOOD** | 10/5/17 |

Signature of Authorized Person SIGN DOCUMENT HERE

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

NOV 02 2017
12145 DS

FORM 632 - Revised: 02/2017