



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

**Annual Report for the year: 2018**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>103047</b>		2. Exact name of the Corporation <b>North American Hangars</b>			
3. Principal Office Address <b>Airport Road</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>53 - Real Estate and Rental</b>		6. Brief description of the character of business conducted in Rhode Island <b>Rental of hangars, airplane rides and instruction and resale of planes</b>			
5. State of Incorporation <b>RI</b>		<b>S43910</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Estate of Edward Road</b>			Vice-President Name <b>Thomas Sessa</b>		
Street Address <b>c/o 400 Reservoir Avenue, Suite 2G</b>			Street Address <b>46-1 Town Woods Road</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Old Lyme</b>	State <b>CT</b>	Zip <b>06371</b>
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Thomas Sessa</b>			Director Name <b>NONE</b>		
Street Address <b>46-1 Town Woods Road</b>			Street Address		
City <b>Old Lyme</b>	State <b>CT</b>	Zip <b>06371</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SHARES	
		<b>NONE</b>		<b>No Par</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<b>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.</b>					
Name of Authorized Representative <b>Thomas Sessa</b>					Date <b>2-21-2018</b>
Signature of Authorized Representative 					<b>FILED</b>

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

**FEB 26 2018**  
**BY 2195 DS**