



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 103047		2. Exact name of the Corporation North American Hangars			
3. Principal Office Address Airport Road		City Westerly		State RI	Zip 02891
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island Rental of hangars, airplane rides and instruction and resale of planes			
5. State of Incorporation RI		54390			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Estate of Edward Road			Vice-President Name Thomas Sessa		
Street Address c/o 400 Reservoir Avenue, Suite 2G			Street Address 46-1 Town Woods Road		
City Providence	State RI	Zip 02907	City Old Lyme	State CT	Zip 06371
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas Sessa			Director Name NONE		
Street Address 46-1 Town Woods Road			Street Address		
City Old Lyme	State CT	Zip 06371	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		NONE			No Par
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. 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 Representative Thomas Sessa					Date 2-21-2018
Signature of Authorized Representative 					FILED FEB 20 2018 2195 DS

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017