



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

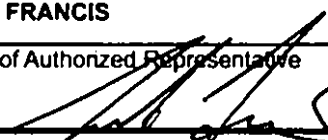
Annual Report for the year: **2018**

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 001677654		2. Exact name of the Corporation TEAM 125, INC.			
3. Principal Office Address c/o COGENCY GLOBAL, INC., 222 JEFFERSON BOULEVARD		City WARWICK		State RI	Zip 02888
4. NAICS Code 481211		6. Brief description of the character of business conducted in Rhode Island AIR CARRIER AVIATION SERVICES			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LINCOLN FRANCIS			Vice-President Name NONE		
Street Address 43W622 US RT 30			Street Address		
City SUGAR GROVE	State IL	Zip 60554	City	State	Zip
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 LINCOLN FRANCIS			Director Name NONE		
Street Address 43W622 US RT 30			Street Address		
City SUGAR GROVE	State IL	Zip 60554	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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS/SERIES COMMON STOCK	PAR VALUE \$0.01
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 LINCOLN FRANCIS					Date 2/9/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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

MAR 01 2018

BY 190205

FORM 630 - Revised: 10/2017