

Annual Report for the year: 20.8Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if fo

1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
999200						
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island					
	4 51161 083	cubana ai fus ci	raracter or business conducted	in Knode Island		
48111		D		R-4 -		
5. State of Formation		lunte	Jet Charter	Droker		
RI						
6. Principal Office Address			City	State	Zip	
17 linecrest d-			Exiter	* E	02822	
. Mailing Address of Limited	Liability Compa	ny and Name or	Title of Contact Person			
Contact Name		_	Contact Title			
Gregory M Cakeway Street Address			Madagia	Managing Picchi		
Street Address			City	State	Zip 02822	
) of the Limited	Liability Company, IF APPLICA			
Manager Name			Manager Name			
Gregory M Calceray						
Street Address City State Zip			Street Address	Street Address		
City Exacts	State		City	State	Zip	
Manager Name	RI	028			<u>_</u>	
nariager Haire			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
			of record with the Department of St			
Under penalty of perjury, I c statements, and that all stat	leclare and affi tements contai	rm that I have o ned herein are	examined this report, including true and correct.	ng any accompanyi	ng schedules and	
Name of Authorized Person				Date] /	
Gregory M	La kenn			9	10/2018	
Signature of Authorized Person	In /	-) -			Policeio	
det!	U		<u>4.650,6965</u> NT (45.86			
			12			
IAIL TO:			12:40	-n		
ikit 10: livision of Business Service	: S		d' FiLi	≟ U		
48 W. River Street, Providence			1			

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

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FORM 632 - Revised: 10/2017