

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
 → Filing Fee: \$50.00

→ Penalty: Additional \$2		<u> </u>					
1. Entity ID Number 14941		2. Exact name of the Corporation New England Airilines, Inc.					
3. Principal Office Address			City		State	Zip 02891	
56 Airport Road			Westerly		RI	02891	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business conduct	ted in Rhode Isla	and		
561599		Air charter service, commercial airline, scheduled flights to and from Block Island, Rl. (All other Travel Arrangement & Reservation Services)					
5. State of Incorporation	Travel Arra	ngement & Reser	vation Services)				
Rhode Island							
7. List ALL officers (names a	and addresses)		- "	Check th	e box to indic	cate an atlachment	
President Name William G. Bendokas			Vice-President Name William G. Bendokas				
Street Address 66 Elm Street #21			Street Address 66 Elm Street #21				
City Westerly	State RI	^{Zip} 02891	City Westerly	<u> </u>	State RI	^{Zip} 02891	
Secretary Name William G. Bendokas			Treasurer Name William G. Bendokas				
Street Address 66 Elm Street #21			Street Address 66 Elm Street #21				
^{City} Westerly	State RI	^{Zip} 02891	City Westerly		State RI	^{Zip} 02891	
8. List ALL directors (names	s and addresses)	-		Check th	e box to indic	cate an attachment	
Director Name William G. Be			Director Name				
			Street Address				
Street Address 66 Elm Stree			Direct / logicos				
City Westerly	State RI	Zip 02891	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City	<u> </u>	State	Zip	
9. Shares Authorized		10. Shares Is		Check th	e hox to indic	cate an attachment	
This information is currently of record in the			F SHARES	CLASS/SERIES	O DOX TO ITIGIT	PAR VALUE	
Department of State.							
Changes require an additiona	al filing.				<u>}</u>		
11. This report must be exec	cuted on behalf of the	corporation by an	authorized representativ	e. If the corpora	ition is in the	hands of a receiver or	
trustee, this report must be	executed on behalf of	f the corporation by	the receiver or trustee.				
Under penalty of perjury, i statements, and that all st	tatements contained			ng any accomp		dules and	
Name of Authorized Repres			Date				
William G. Bendokas			1/17/2019				
Signature of Authorized Rep	presentative	De Composi	OCUMENT HERE	FILE	,		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www sos ri.gov JAN 28 2019