

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street

Providence, RI 02903-1335

Form 630 Rev. 12/03

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 91534 Chris Alrcraft, Inc. 3 Street Address Principal Business Office City HIGHDAAK 02852 5. State of Incorporation 401 - 846 4550 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
TO PERFORM ANY AND ALL SERVICES RELATED TO THE REPAIR AND RESTORATION OFAIRPLANES AND OTHER RELATED 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name HndrewStreet Address Street Address Street Address 10 State ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMEN Director Name Sircei Address Street Address Street Address State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 0 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 statement contained herein are true and correct. Heathea FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2004 Filing Period: January 1 · March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 91534 Chris Aircraft, Inc. 3. Street Address Principal Business Office 02852 5. State of Incorporation Brief Description of the Character of Business Conducted in Rhode Island
TO PERFORM ANY AND ALL PROPERTY. 6619 TO PERFORM ANY AND ALL SERVICES RELATED TO THE REPAIR AND RESTORATION OFAIRPLANES AND OTHER RELATED 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address Street Address Street Address City State Ζ(p Cuy State Zip NarraGansett 02882 9. NAMES AND ADDRESSES OF THE DIRECTORS: BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address Z(p City State ZID Director Name Director Name NONEStreet Address Street Address City State State Zip City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series Par Value 1,000 NO PAR VALUE O 0 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. File Date FOR SECRETARY OF STATE USE ONLY Title of Officer



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT' CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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91534 .	2. Name of Corporation Chris Aircraft				
3. Street Address Principal Busi	ness Office	1 1116.	City	State	Zip
22 HIGHI	BANK AUE		N. KING-STOWN	R.I.	02852
Business Phone No.		5. State of incorporation			6. SIC Code
401-846	- 4550 acter of Business Conducted in .	RHODE ISLANI	D		6619
			A - M-1 A-3 65	-0	
TO REPAIR A	ND_RESTORE_	AIRPLANES	AND RELATED SE	KUICES	0114450
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CHRIS	DRAGO		NOW	E	
treet Address		· ·-	: Street Address		· · · · · · · · · · · · · · · · · · ·
22 HIGHBA	ANK AVE TOWN RI		:		
City Control 1/11/2000	State	Zip	City	State	Zip
	TOWN KI	02852	******************************		
ecretary Name			Treasurer Name		
treet Address	····		Street Address		
City	State	Zip	City	State	Zip
· -—	RESSES OF THE DIREC	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES BI	FORE USING AT	TACHMENTS
Director Name	Danca		Director Name		
CHRIS	DRAGO		NONE		
22 HIGE	+BANK - AL	T.	Street Address		
111y 13	-, - State,	· Zip	Clty	State	Zip
1) KINGSTALL	WILL RT	02852			,
Director Name	HBANK AL		Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NONE	<u> </u>		NONE		
treet Address			Street Address		
City	State	Zip	Clty	State	Zip
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UTHORIZED SHARES			ESSUFED SHARES		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			NONE		
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	* 9 1 5 3 4	*	Under penalty of perjury this report, including an		m that I have examined hedules and statements, ar
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37	70 	·	Signature of Officer	<u></u>	-0/0570>
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de			Print or Type Name of Officer	11ago	
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FOR SECRETARY OF STATE U	ISE ONLY		Title of Officer	<i>"</i> "	
			3 5		Fern 630 12/02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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1 Command ID No				 	
1. Corporate ID No. 91534	2. Name of Corporation Chris Aircraft			· 	
3. Street Address Principal Business Office			North Kingstow RI		02852
1. Business Phone No. State of Incorporation				KOUN THE	6. SIC Code
401 846 4550 RHODE ISLAND.					6619
		Rhode Island	and Related Se	CULCES	
7. Brief Description of the Character of Repair Av	d Kestoal	AIRPIANCS		PECONE HEINE ATTA	CHARACTE
8. NAMES AND ADDRESS President Name	E2 OF THE OFFIC	FRS LX. BOX FOR VILVE	Vice President Name	BEFORE USING ATTA	CHMEN13
Chris Dr	1 AGO			٤	
Street Address	20-14 A11	^	Street Address		
22 HIGHE	State AW	Zip	City	State	Zip
North Kingsta	N RI	02852	•		
Secretary Name			Treasurer Name		
Street Address			Street Address	·	······································
William Committee			· · · · · · · · · · · · · · · · · · ·		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIREC	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	ES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
Chris Dra	60	 	Street Address	<u> </u>	
22 HIGHBAN	uh Ave		•		
			Clty	State	Zip
North Ywestou	JN PLE	02852	Director Name		
NONE			NONE	_	
Street Address			Street Address		
City	State	Zip .	City	State	Zip
	<u> </u>		<u> </u>		
10. SHARES AUTHORIZED	("X" BOX FOR ATTAC	CHMENT) U	11. SHARES ISSUED (X" BOX FOR ATTACHMEN	VT)
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Serles	Par Value
1,000 NO PAR VALUE		 			
~		····	NONE		
This report must be signe	a in ink by eithe	er the President, Vice I ss i	rresident, Secretary, Assi	stant Secretary, Trea	surer, keceiver or Trustee
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*	9 1 5 3 4	*			rm that I have examined
and a second of the second				ig any accompanying so contained herein are tru	hedules and statements, and see and correct
File Date: 2	-60-62	,	- 1	المساوية ال	ic and contest.
2	3/3		Signature of Officer		Date
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FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street, Providence, RI 02903-1335

Office of the Secretary of State 401-222-3040 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 . Filing Fee: \$50.00 % (FORM MUST BE TYPED IN BLACK) 1. Corporate II 1534 ZID 3. Street Address Principal Business Office 22 HIGHBANK AUE 02852 NORTH KINGSTOWN I. Business Phone No. 6. 8649 401-846-4550 7. Brief Description of the Character of Business Conducted in Rhode Island TO REPAIR AND RESTORE AIRPLANES AND RELATED SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) C FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name CHRIS_DRAGO. NONE Street Address Street Address City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS Director Name _CHRIS_DRAGO Street Address 22 HIGHBANK AUE Street Address Street Address 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares 1,000 SHS NO PAR VALUE NONE in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee This report must be signed 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. Check No.



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION	ANNUAL REPORT	FOR THE	YEAR ZUUL
illing Period: January 1-March 1 🔸	Filing Fee: \$50.00		

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Filing Period: January 1-	-March 1 • Fil	ing Fee: \$50.00			INSTRICTIONS
(FORM MUST BE TYPED IN BLACK					
1. Corporate ID No. 91534	2. Name of Corporation Chris Aircra	ft, Inc.			
3. Street Address Principal Business Off 22 HIGHBANK			NORTH KINGSTOWN	State RI	21p 02852
4. Business Phone No. 401-294-4550)	5. State of Incorporation RHODE ISLAND)		6. SIC Code 6619
7. Brief Description of the Character of TO REPAIR AND RE			LATED SERVICES		
8. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTAC	HMENT) (FILL IN SPACES BEF	ORE USING ATTA	CHMENTS
President Name CHRIS DRAGO			Vice President Name NONE		
Street Address 22 HIGHBANK AVE	NUE		Street Address		
City	State	Zip	City	State	Zip
NORTH KINGSTOWN	RI	02852			
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		,
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) C FILL IN SPACES B	EFORE USING AT	ACHMENTS
Director Name CHRIS DRAGO			Director Name NONE		
Street Address 22 HIGHBANK AVE	NUE		Street Address		
NORTH KINGSTOWN	State	02852	City	State	Zip
Director Name NONE	1	.1	Director Name NONE	,	
Street Address		<u> </u>	Street Address	····	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	(*X" BOX FOR ATTACH	MENT) (11. SHARES ISSUED (*X*)	BOX FOR ATTACHMEN	m E
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR V	 		NONE		
<u></u>					
This report must be signed * 9	1 5 3 4 *	the President, Vice		ry, 1 declare and affi ny accompanying so	rm that I have examined thedules and statements, and
File Date:///	1_00		- Chin Dr	-22/2	01-03-00
Check No.: 23	43	- -	Signature of Officer PRESIDENT	CHRIS DR	Date

Title of Officer

Print or Type Name of Officer
PRESIDENT



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP.
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(FORM MUST BE TYPED IN BLACK	v				
1. Corporate ID No. 91534	2. Name of Corporation Chris Aircraft	, Inc.			
3. Street Address Principal Business Of	_	· · · · · · · · · · · · · · · · · · ·	NORTH KINGST	DUN RI	Da852
4. Business Phone No. 401-846-46 7. Brief Description of the Character of	, , , , , , , , , , , , , , , , , , , ,	5. State of Incorporation RHODE ISLA	ND		6. SIC Code 6619
7. Brief Description of the Character of TO REPAIR AND	(Business Conducted in Rh RESTORE A	iode Island IRPLANES AN	SD RELATED SER	VICES	
8. NAMES AND ADDRESSI	S OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
CHRIS DA	RAGO		NONE		
Street Address 22 HIGHBAN			Street Address		
NORTH KINGSTOWN	State R.I.	02852	City	State	Zip
Secretary Name NONE			Treasurer Name NONE	-	
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE	S OF THE DIRECT	TORS ("X" BOX FOR AT		ES BEFORE USING ATT	ACHMENTS
CHRIS DRA	<u>.</u>		Director Name NONE		
Street Address 27 HIGHBANK	AUE		Street Address		
22 HIGHBANK NORTH KINGSTOWN	State R.I.	02852	City ·	State	Zip
Director Name NONE		•••••••••••••••••••••••••••••••••••••••	Director Name NONE	••••••••	.
Street Address	<u> </u>		Street Address	······································	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACE	IMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR V	ALUE		NONE:		
This report must be signe	d in ink by either	the President, Vice	President, Secretary, As	sistant Secretary, Treas	surer, Receiver or Trustee
1 []	111 1 11 01 1 1 111 1 1111 1 111	11			
. * y	1 3 3 4	*		perjury, I declare and affir ing any accompanying sc	m that I have examined hedules and statements, and
1.15-	90	•		contained herein are tru	
File Date:	<u>/</u>		clock	Breeff -	-1-14-9-9
Check No.:		 	Signature of Officer	1) (6 0 5	Date
Ву:	/ (<i>/</i>	Print or Type Name of	Officer J.	<u></u>
		-	, , ,	105	



. James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: Junuary 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK	()				
1. Corporate ID No. 91534	2. Name of Corporation Chris Aircraft, Inc.				· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Business Of 22 HIGHBANKS A		· · · · · · · · · · · · · · · · · · ·	NORTH KINGSTOWN	State R I	2ip 02852
4. Business Phone No. 401-294-4550 State of Incorporation RHODE ISLAN			l'ND	·	6. SIC Code 6819
7. Brief Description of the Character of TO REPAIR AN	Business Conducted in 1 D RESTORE	Rhode Island AIRPLANES A	ND RELATED SERVICES	5	
8. NAMES AND ADDRESSE President Name CHRIS DRAGO	S OF THE OFFIC	ERS ("X" BOX FOR ATT	Vice President Name NONE	·	
Street Addust HIGHBANKS	AVE.		Street Address		· ·
NORTH KINGSTOWN	State RI	02852	City	State ·	Zip
Secretary Name NONE	-	•••••••	Treasurer Name NONE	· t····	•••••••
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name CHRIS DRAGO	S OF THE DIREC	TORS ("X" BOX FOR A	ATTACHMENT) Li Director Name NONE		
Street Address 22 HIGHBANKS AV	Έ.		Street Address		
NORTH KINGSTOWN	State RI	^{Zip} 02852	City	State	Zip
Director Name NONE	······································	•••••••••••••	Director Name NONE		
Street Address	,		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMEN	(T)]
Number of Shares	Ciass/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VA	ALUE		NONE		
This report must be signed	l in ink by eithe	r the President, Vic	e President, Secretary, Assistar	it Secretary, Trea	surer, Receiver or Truste

File Date:	38.98
Check No.:	1530\N
Ву:	10 An
FOR SECRETARY	OF STATE USE ONLY

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.

Signature of Officer Date

PRESIDENT CHRIS DRAGO Print or Type Name of Officer

PRESIDENT

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

2. Name of Corporation Chris Aircraft, Inc.

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91534

3. Street Address Principal Bu	islness Office		City	State	Zip		
22-Highbar	ok c Auropuo		None by Vision and	+ D - T	02852		
4. Business Phone Phone		5. State of Incorporati	North Kings	town K.T.	6. SIC Code		
401-294-4550 RHODE ISLA		ANU		6619			
7. Brief Description of the Ch	aracter of Business Conducted	In Rhade Island					
To repair a	and restore a	irplanes and	related_servic	es			
8. NAMES AND ADD	PRESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)				
President Name			Vice President Name				
	Chris Drago			NONE			
Street Address			Street Address				
22 Highbanl	ks Ave.	·					
City	State	Zip	City	State	Zip		
North Kings	stown kl	02852	•••••				
Secretary Name			Treasurer Name				
NONE			NONE	· · · · · · · · · · · · · · · · · · ·			
Street Address			Street Address	•			
		·					
City	State	Zip	City	State	Zip		
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	RESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) 🛴				
Director Name			Director Name		•		
-Ghris-Drago	`		NONE	·····			
Street Autorities	•		NONE :		•		
2-2-Highbank	(S-A 17 A						
CityBirbailt	CO 114 State	Zip	City	State	Zip		
NorthKing	gstownR.:I		***************************************	······································			
Director Name	Socown R.I.	02032	Director Name				
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City	State	Zip	City	State	Zip		
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AUTHORIZZZ) SHARES		· · · · · · · · · · · · · · · · · · ·	ISSUED SHARES	- 			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 SHS NO P	AR VALUE			•	1		
			NONE				
·		·	<u> </u>	<u> </u>			
This report must be	signed in ink by eith	her the President Vi	ce President, Secretary, A	ssistant Secretary Trea	surer Receiver or Trust		
							
1.1		101 1001			•		