|  | State of Rhode Island and Providence Plantallons Department of State - Business Services Division |                     |          |  |  |  |
|--|---|---------------------|----------|--|--|--|
|  | Department of State   | - Business Services | Division |  |  |  |

## Annual Report for the year: 2019 Limited Liability Company

- → Filing period, September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1 Entity 10 Number 001680466                                       | 2 Exact name of the Limited Limited Company XCED AVIATION SERVICES, LLC     |                                     |   |                            |                      |  |  |
|--|---|-------------------------------------|---|----------------------------|----------------------|--|--|
| 3 NAICS Code   | 4. Brief description of the character of business conducted in Rhode Island |                                     |   |                            |                      |  |  |
| 532490   |   |                                     | ater transportation equipment rental and leasing    |                            |                      |  |  |
| 5. State of Formation  Delaware                                    | Commercial all, fall ally water transportation equipment relate and reasons |                                     |   |                            |                      |  |  |
| 6. Principal Office Address  | <u></u>   |                                     | City  | State                      | Zip                  |  |  |
| 425 North Martingale Road,   | 8th Floor   |                                     | Schaumburg  | Illinois                   | 60173                |  |  |
| 7. Mailing Address of Limited Lia                                  | sbility Company a   | ind Name or Titl                    | e of Contact Person                                 |                            |                      |  |  |
| Contact Name Bryan H. Zair   |   |                                     | Contact Title Manager                               |                            |                      |  |  |
| Street Address 425 North Martin                                    | ngale Road, 8th   | Floor                               | City Schaumburg                                     | State Illinois             | <sup>Zip</sup> 60173 |  |  |
| 8. List ALL managers (names a                                      | nd addresses) of  | the Limited Lial                    | oility Company, IF APPIJICABI                       | LE - DO NOT LIST ME        | MBERS                |  |  |
| Manager Name   Jeff Walsh  |   |                                     | Manager Name James T. Allen                         |                            |                      |  |  |
| Steed Address 425 North Martingale Road, 8th Floor                 |   |                                     | Street Address 425 North Martingale Road, 8th Floor |                            |                      |  |  |
| City Schaumburg  | State Illinois  | Zp 60173                            | City Schaumburg                                     | State Illinois             | <sup>7 p</sup> 60173 |  |  |
| Manager Name   | <u></u>   | ·                                   | Manager Nacte                                       |                            |                      |  |  |
| Street Andress   |   |                                     | Street Address                                      |                            |                      |  |  |
| City   | State   | Zip                                 | City  | State                      | <b>Z</b> (p          |  |  |
|  |   |                                     | , .,l.,   | Check the box to ind       | cate an attachment   |  |  |
| 9. Resident Agent in Rhode Isla                                    | nd. This informatio   | n is currently of re                | cord with the Department of Stat                    | e. Changes require filing. | Form 642.            |  |  |
| Under penalty of perjury, I de-<br>statements, and that all states | clare and affirm  | that I have exa<br>I herein are tru | mined this report, including<br>e and correct.      | any accompanying           | schedules and        |  |  |
| Name of Authorized Person  | Cate  | Cate                                |   |                            |                      |  |  |
| Bryan H. Zair  | October   | October 8, 2019                     |   |                            |                      |  |  |
| Signature of Authorized Person<br>/s/ Bryan H. Zai                 |   |                                     |   |                            |                      |  |  |

MAIL TO:

Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

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

OCT 09 2019

BY (In G-MAR)

PORM 602 - Revised: 10/2017