| State of Rhode Island and Providence Plantations Fee: \$50.00 Office of the Secretary of State | |
|---|--|
| 148 W. F Providence F | usiness Services River Street RI 02904-2615 22-3040 |
| Limited Liability Company | |
| Annual Report Filing Period: September 1 - November 1 | |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. | |
| ANNUAL REPORT YEAR: 2019 | |
| 1. ID No. <u>000117727</u> | |
| 2. Exact Name of the Limited Liability Company <u>CHALLENGER AIRCRAFT CHARTERS, LLC</u> | |
| 3. State of Formation | |
| State: <u>RI</u> | |
| ARTICLE III | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | |
| <u>481211</u> | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | |
| AIRCRAFT CHARTERS | |
| 5. Principal Office Address | |
| No. and Street:8 FREEBODY STREETCity or Town:NEWPORT | State: <u>RI</u> Zip: <u>02840</u> Country: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | |
| Contact Name: JAMES F. HYMAN Contact Title: REGISTERED AGENT No. and Street: P.O. BOX 549 | |
| City or Town: <u>NEWPORT</u> State: | <u>RI</u> Zip: <u>02840</u> Country: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | |
| Title Individual Name | Address |
| First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER | |

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JAMES F. HYMAN, ESQ. <u>8 FREEBODY STREET</u> P.O. BOX 549 <u>NEWPORT</u>, <u>RI</u> 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of October, 2019 at 5:05:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAMES F. HYMAN Signature of Authorized Person

Form No. 632 Revised 09/07

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