



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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 ID Number 000541286		2. Exact name of the Limited Liability Company MOONEY TRAVEL, LLC			
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island PURCHASE AND OPERATION OF AIRCRAFT OF ALL KINDS AND DESCRIPTIONS			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 38 BELLEVUE AVENUE, SUITE H		City NEWPORT	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name GENE S. HAGOOD			Contact Title MEMBER		
Street Address 1520 EAST HIGHWAY 6		City ALVIN	State TX	Zip 77511	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person GENE S. HAGOOD			Date 10/11/19		
Signature of Authorized Person 		SIGN DOCUMENT HERE			

FILED

OCT 31 2019 KM

BY 1881

MAIL TO:
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 Website: www.sos.ri.gov