STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

1. ID No.	2. Exact name of the limited liability company
121299	Quonset Aviation, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TRANSPORTATION

5. Principal office address	City	State	Zip
210 AIRPORT STREET	NORTH KINGSTOWN	RI	02852-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
WILLIAM H WEEDON	MANAGER

Street Address	City	State	Zip
210 AIRPORT STREET	NORTH KINGSTOWN	RI	02852-

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
WILLIAM H WEEDON	210 AIRPORT STREET	NORTH KINGSTOWN	RI	02852

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
WILLIAM H. WEEDON	210 AIRPORT STREET	NORTH KINGSTOWN	02852-

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

[redacted] 121299 [redacted]

121299 DLLC 07/31/06 01:38:02 PM
File Date 8/1/06
Check No. 222
By: B
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.

W H. Weedon 7/31/06
Signature of Authorized Person *Date*

[redacted] William H Weedon
Print or Type Name of Authorized Person

Form 632 Rev. 12/05

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
121299	Quonset Aviation, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TRANSPORTATION

5. Principal office address	City	State	Zip
210 Airport ST	N. KINGSTOWN	RI	02852

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
WILLIAM H. WEEDON	MANAGER

Street Address	City	State	Zip
210 AIRPORT ST	N. KINGSTOWN	RI	02852

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
WILLIAM H. WEEDON	210 AIRPORT ST.	N. KINGSTOWN	RI	02852

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
WILLIAM H. WEEDON	210 AIRPORT STREET	NORTH KINGSTOWN	02852.

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

[redacted] *121299* [redacted]

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.

W. H. Weedon 10/8/04
Signature of Authorized Person *Date*

William H. WEEDON
Print or Type Name of Authorized Person

File Date 10/28/04
Check No. 238
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 7/03

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
121299	Quonset Aviation, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TRANSPORTATION

5. Principal office address	City	State	Zip
210 Airport Street	North Kingstown	RI	02852

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
William H. Weedon	President

Street Address	City	State	Zip
210 Airport Street	North Kingstown	RI	02852

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
William H. Weedon	210 Airport St.	North Kingstown	RI	02852

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
WILLIAM H. WEEDON	~~79 TIMBERLINE ROAD~~	~~WARWICK~~	~~02886~~

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 14 1 54 PM '03

*This report must be **signed in ink** by an authorized person pursuant to R.I.G.L. 7-16-66.*

* 1 2 1 2 9 9 *

File Date	**FILED**
Check No	OCT 14 2003
By:	By MSW GAM

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.

William H. Weedon 9/22/03
Signature of Authorized Person *Date*

William H. Weedon
Print or Type Name of Authorized Person

Form 632 Rev 7/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
121299	Quonset Aviation, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Transportation

5. Principal office address	City	State	Zip
210 Airport St.	North Kingstown	RI	02852

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
William Weedon	President

Street Address	City	State	Zip
210 Airport St.	North Kingstown	RI	02852

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE

FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
William H. WEEDON	79 Timberline Rd	Warwick	RI	02886

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
WILLIAM H. WEEDON			
Address		City	Zip
79 TIMBERLINE ROAD		WARWICK	02886-

This report must be signed in ink by an authorized person pursuant to 7-16-66.

[redacted]

* 121299 *

[redacted]

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.

William H. Weedon 10/31/02
Signature of Authorized Person *Date*

[redacted]

WILLIAM H. WEEDON
Print or Type Name of Authorized Person

File Date	12-5-02
Check No.	101
By:	

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02