

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

121299		nct name of the limited liability company nset Aviation, L.L.C.				
3. State of Formation RHODE ISLA		description of the character of SPORTATION	the business which is actually conducted in R	hode Island		
5. Principal office address 210 AIRPORT STREET			City NORTH KINGSTOWN	State RI	Zip 02852-	
6. MAILING A Contact Name WILLIAM H V		ITED LIABILITY COM	PANY AND NAME OR TITLE OF Contact Title MANAGER	CONTACT P	ERSON:	
Street Address 210 AIRPORT	STREET		City	State	Zip	
			.NORTH KINGSTOWN	RI	02852-	
The state of the s	FIL	L IN SPACES BEFORE USE	ELIMITED LIABILITY COMPAN NG ATTACHMENTS ("X" BOX FOR A QUIRES FILING OF AMENDMENT, R.I.G.	(TTACHMENT)		
Manager Name			·Manager Name	· · · · · · · · · · · · · · · · · · ·		
WILLIAM H W	EEDON		•			
			· Street Address		-	
210 AIRPORT	STREET		Street Address			
210 AIRPORT	State	Zip	• Sircet Address • City	State	Zip	
210 AIRPORT City NORTH KINGS	State	Zip 02852		State	Zip	
Street Address 210 AIRPORT City NORTH KINGS Manager Name	State	I *		State	Zip	
210 AIRPORT City NORTH KINGS Manager Name	State	I *	City	State	Zip	
210 AIRPORT City NORTH KINGS	State	I *	*City *Manager Name	State	Zip	
210 AIRPORT City NORTH KINGS Manager Name Street Address City	STOWN RI State	02852 Zip	*City *Manager Name *Sircet Address .City	State	Zip	
210 AIRPORT City NORTH KINGS Manager Name Street Address City	STOWN RI State	02852 Zip	*City *Manager Name *Sircet Address	State	Zip	
210 AIRPORT City NORTH KINGS Manager Name Street Address City 8. RESIDENT A	STOWN RI State State GENT IN RHODE	02852 Zip	*City *Manager Name *Sirvet Address *City *City *hanges require filing of Form	State 642 - R.I.G.L.	Zip	
210 AIRPORT City NORTH KINGS Manager Name Street Address City 8. RESIDENT Address	STOWN RI State State GENT IN RHODE	02852 Zip	City Manager Name Sirvet Address City hanges regulre filing of Form Address	State 642 - R.I.G.L.	Zip	

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



121299 DLLC 07/31/06 01:38;02 PM	
File Date 8/1/08	
Check No. 222	
By: 18	
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 Authorized Person Date

William It Weedon



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

Corporations Division Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

100 North Main Street

ETIVITED ET Filing Period: Septe	ABII. mber 1 -	ATY COMP. November 1 •	ANY ANNUA Filing Fee: \$50.00	L REPORT FOR TH	E YEAR _	2004
(FORM MUST BE TYPED						
1. ID No.	2. Exact	name of the limited liab	Htty company			
121299	Quons	set Aviation, L.L.C.				
3 State of Formation	-		be character of the busines	s which is actually conducted in Rhode Isla	nd	
RHODE ISLAND		TRANSPORTATIO	N			
5. Principal office address 210 Airp	,	5		City	State	0285Z
-1				N. KINGSTOWN	RI	02832
Contact Name	SS OF L	IMITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTACT PER	SON:	
WILLIAM	14.	WEEDON		MANAGER		
Street Address				City	State	2.00
210 AIRP.	nt	ST		N. KINGSTOWN	RI	02852
7. NAME AND ADD	RESS OF	EACH MANAGER	OF THE LIMITED LI	ABILITY COMPANY, IF APPLICA	RLE	1
		FILL IN SPACES	BEFORE USING AT	TACHMENTS ("X" BOX FOR A	TTACHMENT) []
Manager Name	1 .40171	FICATIONS TO MA	MAGERS REQUIRES	FILING OF AMENDMENT, R.I.G.	L. 7-16-12 (a) (2) / 7-16-52
**				Manager Name		
WILLIAM	<u>н.</u>	WEEDON		:		
Street Address				Street Address		
210 AIRP	ORT	<u>S7.</u>		<u> </u>		
N. KINGSTON		State	Zip	City	State	Zip
•••••		RI	05825	: 		
Manager Name				Manager Name		
Street Address		Street Address				
City		State	Zip	City	I.a.,	·
•		2	7.42	i City	State	Zip
8. RESIDENT AGENT	CIN RH	ODE ISLAND - DO	NOT ALTER - Chans	: ses require filing of Form 642 -		ing the stage.
Agent Name			`	Address		•
WILLIAM H. WEEDON						
Address			City	City Zip		
210 AIRPORT STREET	•			NORTH KINGSTOWN		
		INORTH KINGSTOWN 02852.		<u> </u>		

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

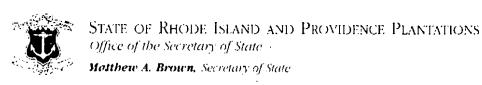


File Date 10 28 84
Check No 238
Ву:
FOR SECRETARY OF STATE USE ONLY

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.

Jr. H. Juesdon	10/8/04	
Signature of Authorized Person	Date	

William	_14.	WEEDON
Print or Type Name	of Aut	horized Person



Corporate ins Division 100 North Main Street Providence, RI 02903-1335 401-222 3040

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPEI	OOR PRINTED IN BLACK)				
LID No	2 Exact stante of the limited hability company				
121299	Quonset Aviation,	Quonset Aviation, L.L.C.			
3 State of Formation	4 Brief description (f the character of the business i	thich is actually conducted in Rhoc	le Island	
RHODE ISLAND	TRANSPORTA	TION			
5 Principal office addre			City	State	Zip
210 Airpe	ort Street		North Kingstown	RI	02852
6. MAILING ADDR	ESS OF LIMITED LIABILI	TY COMPANY AND NAM	•		•
William	H. Weedon		Connact Tolo. President		
Street Address 210 Airport Street			North Kingstow	N State RI	02852
7. NAME AND ADD	RESS OF EACH MANAGE	R OF THE LIMITED LIA	BILITY COMPANY, IF APPI	LICABLE	•
	FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS ("X" BOX FO	OR ATTACHMENT)	
AN	IY MODIFICATIONS TO A	MANAGERS REQUIRES F	ILING OF AMENDMENT, R	I.G.L. 7-16-12 (a) (2)	7-16-52 (f:
William H Weedow Street Address 210 Airport St.		Max ger Name			
Street Address 2/0	Airport St.		Street Address		1050 1750
North Kings	Hown Sine PI	202852	Ctt ₁	State	34 A S E E
Manager Name			Manager Name	***************************************	
Street Address		 	Street Address		<u> </u>
Gip	State	Zφ	City	State	Zφ
			:		
8. RESIDENT AGEN Agent Name	T IN RHODE ISLAND - D	O NOT ALTER - Change	es require filing of Form (Address	642 - R.I.G.L. 7-16-11	
WILLIAM H. WEEDON	<u> </u>				
Address 79 TIMBERLINE ROA	8		-WARWICK	- Zip 91	2086-
	<u></u>	,	•		SE SE
					- 02 c - c
					E Sam
					?>⊙

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



File Da	FILED
Check N	OCT 1 <u>4 2003</u>
Bv:	By M8717 GAA
	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.

Willie H.	beeden	9/22/03
Sugnature of Authorized Person	Date	

William H. Weedon

Print or Type Name of Authorized Person



- 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 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** Iransportation 5. Principal office address 02852 210 Airport St. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name William Weedon Street Address 02852 210 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 · Manager Name William Street Address * Street Address City 02866 WAMMICK Manager Name Manager Name Street Address ·Sircei Address City State 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 **WILLIAM H. WEEDON** Address **79 TIMBERLINE ROAD** WARWICK 02886-This report must be signed in ink by an authorized person pursuant to 7-16-66. 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. 12-5.02 File Date Signature of Authorized Person Date Check No. Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02