RI SOS Filing Number: 202217249450 Date: 5/5/2022 4:00:00 PM State of Rhode Island Department of State - Business Services Division Annual Report for the year: FILED Corporation Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation 000146366 Ocean State Aviation, Inc. City State Zip RI 02885 .Warren 6. Brief description of the character of business conducted in Rhode Island To own, manage, maintain, and operate an aviation repair and cleaning business Check the box to indicate an attachment Vice-President Name Larry C. Wise N/AStreet Address

3. Principal Office Address -- 99 Water Street #207 4. NAICS Code 488190 5 State of Incorporation Rhode Island 7. List ALL officers (names and addresses) President Name Street Address 99 Water Street #207 State City City Zip State Zıp RI 02885 Warren Secretary Name Treasurer Name Larry C. Wise Larry C. Wise Street Address Street Address 99 Water Street #207 99 Water Street #207 State State Ζıρ City RI 02885 Warren 02885 Warren 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name N/A Director Name Street Address Street Address City State Zip City State Zip Director Name N/A Director Name N/A Street Address Street Address City State City State Ziο 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIFS PAR VALUE Department of State. 100 Common 0.01 Changes require an additional filing. 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee 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. Name of Authorized Representative Date シュルダ Signature of Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street. Providence. Rhode Island 02904-2615

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