



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 JAN -4 11:59

1. Entity ID Number 0000 151929		2. Exact name of the Corporation Republic Airways Inc.	
3. Principal Office Address 8909 Purdue Rd, Suite 300		City Indianapolis	State IN
		Zip 46268	
4. NAICS Code 481111	6. Brief description of the character of business conducted in Rhode Island PASSENGER AIRLINE		
5. State of Incorporation IN			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bryan Bedford		Vice-President Name Joseph Allman	
Street Address 8909 Purdue Rd, Suite 300		Street Address 8909 Purdue Rd, Suite 300	
City Indianapolis	State IN	City Indianapolis	State IN
Zip 46268		Zip 46268	
Secretary Name		Treasurer Name Joseph Allman	
Street Address		Street Address 8909 Purdue Rd, Suite 300	
City	State	City Indianapolis	State IN
Zip 46268		Zip 46268	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Bryan Bedford		Director Name	
Street Address 8909 Purdue Rd, Suite 300		Street Address	
City Indianapolis	State IN	City	State
Zip 46268		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		100	CWP
			\$0.0100
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 Joseph Allman		Date 12/19/2022	
Signature of Authorized Representative 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JAN 04 2023
 BY ML SEC55
 12:00

FORM 630 - Revised: 11/2021